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STATUS OF VIETNAM VETERANS IN THE BAY AREA

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NINETY-SIXTH CONGRESS
SECOND SESSION
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STATUS OF VIETNAM ERA VETERANS IN THE BAY AREA

THURSDAY, APRIL 10, 1980

AD HOC SUBCOMMITTEE,
COMMITTEE ON VETERANS' AFFAIRS,
U.S. HOUSE OF REPRESENTATIVE,
Oakland, Calif.

The subcommittee met, pursuant to notice, at 1:30 p.m., in Alameda County Board of Supervisors Chambers, Oakland, Calif., Hon. Don Edwards, chairman, presiding.

Chairman EDWARDS. The subcommittee will come to order.

It's a pleasure for me to be here in Oakland this afternoon to chair this ad hoc subcommittee hearing of the House Committee on Veterans' Affairs.

I would like to commend my good friend and colleague, Ron Dellums, for his efforts in organizing our meeting today. It is indicative of Ron's sensitivity and concern for the needs of the disadvantaged that he met with local bay area Vietnam veterans organizations to listen to their concerns and to discuss the needs of this veterans population.

It was Ron who first raised the possibility with me of holding these hearings. His conversations with these grassroots groups, many of whom we will be hearing from this afternoon, convinced him that a congressional hearing on the status of Vietnam era veterans in the Bay Area would provide Members of Congress, both in the House and Senate, with valuable insights.

Mr. Dellums and his excellent staff were largely responsible for organizing this hearing and lining up our witnesses. I would like to compliment them on their work and thank them for inviting me here today to chair these hearings.

Let me emphasize that this is an official ad hoc subcommittee meeting of the House Committee on Veterans' Affairs. The committee, through the kindness of its chairman—Chairman Ray Roberts of Texas—has agreed to give this hearing official status because they are very interested in the concerns of Vietnam era veterans who represent, incidentally, almost a third of the 30 million veterans in the United States today with 1 million being in California alone.

A transcript will be prepared of these proceedings and a printed hearing record will be made. This presents a unique opportunity for community-based veterans groups to express their views directly to the committee and to the Congress of the United States.

Obviously, it would be impossible in one hearing to address all of the concerns of Vietnam veterans, so we will try to limit ourselves as much as possible to three of the major areas of concern.

We hope to explore, first of all, the psychological and social readjustment needs of Vietnam veterans. While, for the most part, those who served during the Vietnam era are doing well, it is also clear that there are those Vietnam veterans for whom the readjustment process has been difficult and who have not yet been able to successfully reintegrate themselves into society.

We want to hear about those veterans and about how community-based groups are assisting them in making a successful transition to civilian life.

Last year, Congress enacted legislation to establish a network of readjustment outreach centers to assist veterans at the community level in successfully completing the readjustment process.

For a number of years I have been advocating the creation of a program of readjustment counseling geared to the special needs of Vietnam veterans. I first introduced legislation to establish such a program in the 94th Congress. Thus I was especially heartened and gratified to see legislation passed to provide these services.

I have been following very closely the VA's establishment of this program. Already the program appears to be working and working well.

The program, called Operation Outreach, provides for the establishment of 86 storefront counseling centers in communities throughout the Nation. These vets centers, as they are called, are charged with the responsibility of bringing special services to Vietnam veterans in their communities.

I like what I see. The VA is making a strong effort to make veterans aware of the program, and the response from the veterans has been good. Veterans are going to these centers for a myriad of readjustment needs—from seeking advice about obtaining an upgraded military discharge to taking part in peer group "rap" sessions to discuss the Vietnam experience.

We will be hearing a little later from the team leaders of the outreach centers in the Bay Area, and I am looking forward to hearing about their experiences with the program thus far.

Another area of concern is that of alcohol and drug abuse treatment and counseling. Substance abuse is a serious problem for a number of veterans encountering readjustment difficulties, and we want to hear about programs that are helping veterans to overcome such addictions.

The Congress last year established a 5-year pilot program for treatment and rehabilitation of veterans suffering from alcohol or drug dependence or abuse disabilities.

Implementation of drug and alcohol programs is also a priority of the Veterans' Administration. The VA recently announced that it is naming five VA medical centers as training sites for its substance abuse fellowship project. Two of these centers will be right here in the Bay Area—one in Palo Alto and one in San Francisco.

Under this program physicians will be assigned to these medical centers for 2-year fellowships. Training will encompass not only the care of veterans suffering from alcoholism and drug abuse, but also the study of the psychiatric and mental health aspects of diagnosis and treatment.

These developments are encouraging and we will be interested in learning from local veterans groups about their experiences with veterans who have drug and alcohol abuse problems.

Finally, we will be looking at the issue of the herbicide Agent Orange—the concerns veterans are raising about their possible exposure to this herbicide, the ongoing scientific inquiry into this area, and the impact of the Agent Orange issue on the psychological well-being of the Vietnam veteran population.

This is a most troubling and sensitive issue. Clearly, there has been a need for in-depth research and epidemiological study into the effects of exposure to Agent Orange.

The House Committee on Veterans' Affairs has been following developments on this issue closely. In October 1978, the committee held the first congressional hearing on Agent Orange and the Government response to the allegations being made about its effects.

Out of that hearing and subsequent discussions with the VA, the Department of Defense, and other agencies with an interest and concern about Agent Orange have undertaken a number of studies. Earlier this year, the Subcommittee on Medical Facilities and Benefits held a further hearing to assess progress of ongoing scientific inquiry.

The VA has undertaken a number of actions, including instructing VA hospitals in the Agent Orange issue and asking them to report details of each examination made of veterans who are claiming Agent Orange related health problems, centralizing claims adjudication on Agent Orange claims, continuing extensive contacts with all Government agencies with experience on this subject, and launching a study of human body fat to determine what if any body mechanism might account for any delayed health effects and to develop a diagnostic technique if such a mechanism was confirmed.

In addition, legislation enacted by the Congress last December mandates the Administrator of the VA to conduct a full-scale epidemiological study of Vietnam veterans regarding the long-term health effects of exposure to Agent Orange.

Other agencies, including HEW, EPA, the National Academy of Sciences, the Center for Disease Control, the National Cancer Institute, and the National Institute of Environmental Health Sciences are also continuing their research.

The administration has established an interagency task force to coordinate all of these studies. This will all take time—conclusions about the long-term effects of exposure to this defoliant cannot be reached by short-term analysis. However, we are committed to a thorough and intensive study of the entire Agent Orange matter. The committee wants the truth about Agent Orange as much as do the veterans, and we will settle for nothing less. So, we will be anxious to receive the comments and reactions of our witnesses today on their encounters with veterans who believe they were exposed to Agent Orange.

While these are the primary areas that the subcommittee hopes to examine today, we realize that our witnesses also have keen interests in other programs that Vietnam veterans utilize and need. We welcome your comments on these concerns as well.

Again, I am delighted to be here and I yield to the gentleman from California, Mr. Dellums.

Mr. DELLUMS. Thank you very much, Mr. Chairman. I am very pleased to welcome my friend, Don Edwards, to the Bay Area, Oak-

land. I am honored to be hosting today a meeting of the ad hoc subcommittee of the House Veterans' Affairs Committee chaired by you, my distinguished friend and colleague, to investigate some problems and conditions currently confronting Vietnam era veterans.

I am privileged to be here, knowing from personal conversations much of the privation, the pain and trauma which is unique to the experience of the Vietnam era veterans.

While the problems of high unemployment among Vietnam era veterans and the inadequacies of educational and vocational counseling programs have been much discussed, we are here today to also investigate some of the more subtle—and perhaps more devastating—problems which confront people who have been asked to go fight, die, and to kill in an unpopular military venture in Southeast Asia. We have come here today to inquire into the health and adjustment problems which really are unique to the veterans of the Vietnam war.

The effects of Agent Orange are only now being felt by the veterans, and it is a painful and deadly awakening.

Drug abuse—especially high among Vietnam era veterans in the theater of battle—continues to linger and is a hidden killer along with alcohol.

Finally, the stress of fighting an unpopular war, already shown in alcohol and drug abuse statistics, and returning to a Nation which has often reviled these veterans as it has praised their willingness to risk life and limb, has had its own unique traumatic impact.

Today, we are here to discuss and listen to testimony from those who have faced the trauma. We are here to hear your views of the health care and drug-alcohol treatment facilities you must use. We want to hear about the problems of reajustment you face. We want to hear about the stress and the trauma you suffer. And we want to hear of your ideas of what we in Congress must do to ease your pain and return to you the dignity and humanity which has been so brutally stripped from you by the war in which you fought. I know that your input will be helpful to our work, and we thank you for taking the time to share with us your concerns and perspectives.

Again, Mr. Chairman, I would like to welcome you to Oakland and thank you for your work in making these hearings a reality.

Finally, I would like to thank you for allowing me the opportunity to participate in this extraordinarily important business.

Chairman EDWARDS. Thank you, Mr. Dellums.

I would like to make a part of the record a letter just received from our distinguished colleague who shares this area with Mr. Dellums, Pete Stark. Pete had wanted to be here at the hearing, but was faced with plans he couldn't change.

In part the letter says that he regrets that he could not participate in today's discussion, he shares our concerns and he knows that the work today will be of immense value toward the goals that we all share.

[Letter follows:]

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, D.C., April 10, 1980.

Hon. DON EDWARDS,
Veterans Affairs Committee,
U.S. House of Representatives, Washington, D.C.

DEAR MR. CHAIRMAN: I regret that I am unable to participate in today's discussions on the problems facing Viet Nam veterans. I share the concerns regarding

the difficulties confronting these veterans over the last decade as they struggle to adjust to civilian life.

The subjects you are discussing today, such as the possible dangers of Agent Orange, lack of employment opportunities for veterans and the emotional strain of trying to re-adjust to a society that does not recognize the unique circumstances of their military service, are issues that must be resolved.

We must continue to commit ourselves to uplifting these veterans who sacrificed so much for this nation. While we all recognize that there are no simple solutions to these problems and there is still much to be done, I am confident that today's hearings will be a positive step in resolving the serious plight of Viet Nam veterans in our communities.

I am pleased that the Veterans Affairs Committee chose Oakland as the sight for these hearing as the Viet Nam veterans in this city have clearly expressed their needs and desires to bring their condition to the attention of Congress and the public. Your effort and those of our colleague, Ron Dellums, are greatly appreciated.

Sincerely,

FORTNEY H. STARK, JR.,
Member of Congress.

Chairman EDWARDS. Our first witnesses today will be in the form of a panel. Because the question and answer period is so important, I hope that each statement can be limited to around 10 minutes.

All of the other material, including extended remarks, will be made a part of the permanent record.

So I would hope that the four members of the Panel of Readjustment Programs could come to the witness table: Mr. Tom Alvarado, Ms. Elaine Alvarez, Mr. Jack McCloskey, and Mr. John Parker.

Gentlemen and Ms. Alvarez, we welcome you.

The first statement will be made by Mr. Tom Alvarado, team leader, San Jose Veterans Outreach Center.

Mr. Alvarado, you may proceed.

STATEMENT OF TOMAS ALVARADO, TEAM LEADER, SAN JOSE VETERANS OUTREACH CENTER

Mr. ALVARADO. Thank you, sir.

Mr. Chairman, my name is Tomas Alvarado. I am the team leader for one of the vet centers located in San Jose. With me are Doug Wonnel, Greg Anderson, and Dan Scannall of the vet center team.

Today, I wish to specifically address the scope of services the vet center staff is providing with respect to the readjustment counseling program authorized under Public Law 96-22.

Since its inception into the community, the response from existing agencies, community-based organizations and institutionalized agencies expressed a sigh of relief with respect to the nature of our endeavor.

Our first and immediate task was educational information. Both teams have initiated an aggressive outreach effort as authorized by title 38, United States Code, section 241, throughout the five counties which contain a total of over 100,000 Vietnam era veterans.

We have conducted a series of informal workshops with those organized programs and agencies with which we will have immediate contact. These involve veterans cost-of-instruction program (VCIP), County Health Services, Disabled Veterans Outreach programs (DVOPS), veterans organizations—American Legion, Disabled American Veterans, VFW, Military Order of the Purple Heart—law enforcement and probation and parole agencies.

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The local media, television, radio and the local newspapers, including the two major Spanish-speaking papers, have greatly cooperated in an effort to advise the local communities of our program. This was coordinated with the Veterans' Administration Information Service Representative, who I might add has done an excellent job.

Our Congressional Representatives, Congressman Don Edwards and Congressman Norman Mineta, both of whom were present at our open house, have offered us the opportunity to advise their district constituents of our program through their newsletters.

Each team has worked weekends at swap meets, job fairs and health fairs in an effort to provide more foundation to further enhance our effectiveness and efficiency.

We are currently negotiating with the San Mateo and Santa Clara County Transit System to allow us poster space on the buses throughout the county.

We are also attempting outreach activities for soon-to-be-released incarcerated veterans at Soledad State Prison. We were part of a coordinated effort undertaken with other agencies to provide assistance for soon-to-be-released inmates. Specifically, we spoke with 20 Vietnam veterans who will be released within the next few months.

It should be understood, Mr. Chairman, that there will not be a a full-scale effort by the Vet Center to provide readjustment counseling to incarcerated Vietnam era veterans. The soon-to-be-released veterans will be the focus of our efforts.

Mr. Chairman, due to the uniqueness of our specific Center—that is, being located within a multiservice veterans outreach program, the San Jose GI Forum—we are able to insure support services in the following areas; discharge upgrading, on-the-job training through HIRE II, job preparation courses, vocational training and veterans benefits services and readjustment and health services.

You must agree that this coordinated and comprehensive undertaking by the Veterans' Administration is an added dimension to the services being provided to veterans and their dependents, and is also cost-effective and efficient.

Although there are still some kinks to be unraveled and improvements to be made, especially with our own parent facility in the Agent Orange procedure, the support, cooperation and working relationship is in good standing.

The Veterans' Administration regional office has been extremely cooperative in virtually every sense of the word. They have provided us with their resources, provided benefits workshops to the staff, and they have advanced in some cases the amount of time veterans must wait for an inquiry response.

It was somewhat surprising to us all that the immediate response to the services our program is providing was from families and others concerned with veterans' welfare. To date, a total of 10 couples are being provided counseling services relative to their problems and the Vietnam war.

In the past 4 weeks, two members of our staff have been conducting rap groups with combat Vietnam veterans. As a result of these sessions, the staff has found that virtually each participating veteran has entertained suicidal thoughts. These findings reinforce the frightening fact that Vietnam era veterans under age 34 have a suicide rate 23 percent higher than nonveterans of the same age group.

Mr. Chairman, as you know, Vietnam era veterans identified as alcoholic and problem drinkers more than doubled from 13 percent to 31 percent in 1977.

Although the drug abuse problem has declined, Vietnam era veterans account for 39 percent of all inpatients and 55 percent of all outpatients being treated by the VA for drug-related problems. At least 80 percent of veterans we are providing services have had or do have a drug and alcohol related problem.

Individual veterans who have responded to our efforts have been generally consistent with what national studies have concluded. That is, nightmares, flashbacks, alcohol and drug abuse, inability to cope with meaningful relationships, suicidal tendencies, hostility, depression and anxiety are problems being experienced by Vietnam veterans. Also in addition to the problems I have addressed, a good number of veterans are still making inquiries about home loans, educational benefits and other VA benefits they are entitled to.

Mr. Chairman, contrary to the concerns expressed in selected media towards the Vet Center concept, our Vet Centers are providing effective and efficient services. Together, the Vet Center staff has a combined total of over 25 years experience with respect to the problems of the Vietnam era veteran. This form of journalism has tried and judged the Vet Center concept on unmerited premises.

In conclusion, I would like to offer this committee some personal thoughts as an individual combat Vietnam veteran in support of the readjustment counseling concept.

The Vietnam veteran is misunderstood because our own society turned its back. The Vietnam war did not create super egos, nor were we part of the victorious tradition that our Nation's history reflects. The war for many Vietnam veterans will continue for the rest of their lives. It has been fought in the barrios, ghettos, and urban neighborhoods of our Nation years after its end. This sociopsychological war will continue as long as we have so-called animal-like warriors unleashing hostilities no longer at the well-respected North Vietnamese Army, but rather against our own society.

The image American society has of Vietnam veterans has been highlighted by the media, theater and television as indiscriminate killers. I strongly disagree. Normal men nurtured by American civilization do not care to kill, even though in war prohibition and regulation is removed. Our society blatantly forgot to deprogram the Vietnam veteran. Ten years later, combat veterans are beginning to openly release the anxiety that should have been released in 1969 and 1970.

Readjustment is a cold and curable disease. I firmly believe that we have found a good neighborhood doctor in the vet center concept.

Mr. Chairman, this concludes my testimony. I will be happy to answer any questions you might have.

Thank you.

Chairman EDWARDS. Thank you, Mr. Alvarado. The questions will be saved until all four members of the panel have testified.

The next member of the Panel of Readjustment Programs to testify will be Ms. Elaine Alvarez, team leader, Oakland Veterans Outreach Center.

Please proceed, Ms. Alvarez.

STATEMENT OF ELAINE ALVAREZ, TEAM LEADER, OAKLAND VETERANS OUTREACH CENTER

Ms. ALVAREZ. I want to say I am happy to be here. It's been 8 years. I wrote a proposal 8 years ago to do just this.

Mr. Chairman, distinguished members of this hearing, the Veterans Outreach Center of Oakland would like to extend our appreciation to you for your concerns for the health and socioeconomic readjustment problems of the Vietnam era veteran.

Our center exists as a result of the action of the U.S. House and Senate Committees on Veterans' Affairs, and particularly the efforts of Senator Cranston, Representative Don Edwards, and Administrator Cleland under the Veterans' Health Care Amendments Act of 1979, Public Law 96-22.

Vietnam era veterans, and in particular combat veterans, have suffered significantly as the result of society's indifference to, and in some cases, overt hostility toward the war in Vietnam and the warrior.

Those who served in Vietnam have also experienced anguish due to the unusual conditions of service in Vietnam, including the inability to differentiate between ally and enemy, the increased tension due to guerilla warfare, and the fact that service personnel often went to or returned from Vietnam singly rather than as part of an entire combat unit, without the mutual psychological support of long-term comrades during the critical periods of entering and leaving the conflict.

Large numbers of returning Vietnam veterans have experienced guilt, bewilderment, alienation, pessimism, tension, restlessness, and other symptoms of low-grade readjustment problems. These problems frequently result in family difficulties, unemployment, alcohol and drug dependency or abuse, arrest records, and other forms of social and economic dislocation.

It is the reluctance of the Vietnam veteran to use traditional helping agents in the face of these problems which has dictated the establishment of outreach centers such as ours.

Our orientation is geared toward the self-help model, utilizing rap groups and client self-reliant and support groups. We work with veterans and their families to help them integrate their experiences.

We serve as advocates to help our clients achieve their goals through one-to-one sessions, family and group work, self-help programs, and stress management education. We will refer for discharge upgrading and assist in job development, career awareness and career development. We will make needed referrals to drug and alcohol treatment centers and provide followup.

We are authorized through 1982. But it seems likely that an extension of our services through further legislation might be indicated if the utilization of our centers continues at the countrywide rate.

In preparing for this testimony, I called Dr. Don Crawford, the director of our program, on April 4, 1980, and we discussed the problem of overload—the program is overextended nationally as indicated by verbal reports.

The official reporting mechanism is not yet in place but in the Van Nuys Vet Center, southern California, for example, veterans are coming in at the rate of 40 a day. The rate is variable throughout the Nation, depending on a number of factors, and clearly indicates the need for the program.

I have a number of statistics here on the Vietnam war, which I will not read except for the statistics relating to the city of Oakland.

As of 1977, total veterans in Oakland between the ages of 20 and 65 was 54,810. Vietnam era veterans unemployed between 20 and 24, 11.1 percent. Vietnam era veterans unemployed between 20 and 34, 7 percent.

The next topic that I would like to discuss is Agent Orange. Our work with veterans indicates there is an urgent need for a better understanding of Agent Orange. The nature of reaction to and the long-range effects of exposure to this defoliant are yet unclear. There is much confusion among the veterans themselves and their families concerning the implication of exposure to Agent Orange. Although the vet centers were not designed by law or intended to be Agent Orange Outreach centers, it is only natural that Vietnam veterans approach us with these concerns.

Recently, at the direction of the Administrator, all team leaders received a packet of current information on Agent Orange, together with the names and telephone numbers of the individuals at the VA medical centers designated as the Agent Orange contact person. Using this material, we have been able to give the veteran accurate, current information on Agent Orange and, more importantly, refer them to the proper person at the medical center who can log their complaint.

The next topic that I want to deal with is discharge upgrading. During the Vietnam era, more than 700,000 less-than-honorable discharges were issued. Since the war's end, 835,000 less-than-honorable or administrative discharges were issued. In today's Army, one out of every five persons being separated gets "bad papers," less-than-honorable or administrative discharges.

No one claims everyone has been treated unjustly. But statistical data on Third World veterans show that they were grossly misrepresented with a higher proportion of bad papers. And the Government itself, in setting up the discharge review process, admitted massive injustices "probably occurred." Upgrading these discharges would help alleviate the problem of not only the veteran, but also the community in which the veteran lives.

For example, the veteran attending school full time on the GI bill brings to his community over $20,000 during a period of 4 years. A veteran who is able to buy a home on the GI bill for $65,000 will pay over $2,500 a year in property taxes.

There has been a Federal mandate that all veterans who have bad papers can apply for upgrading within 15 years of discharge, although the discharge review board will hear cases, no matter how long it has been, until March 31, 1981. It is my personal belief as a result of working with veterans that this time frame should be extended and that a massive effort needs to be made to provide qualified help to the veteran seeking discharge upgrading.

The present machinery—that includes the review process, CBO's and service organizations—apparently aren't equipped to handle the increased population this mandate has brought about.

In addition, more public money needs to be allotted for public information and outreach to obtain maximum response to the mandate. I believe the benefit derived would accrue to both society and the individual.

Mr. Chairman, committee members, we have not tried to cover all of the issues of the Vietnam era veterans with the time allotted us. However, we have attempted to highlight major concerns of the Vietnam era veteran.

We at the Veterans Outreach Center commit ourselves to the struggle for benefits for Vietnam era veterans and offer any assistance or information that you need to make their desires reality.

Thank you for the opportunity to address this committee.

Chairman EDWARDS. Thank you, Ms. Alvarez.

The next member of the panel to speak will be Mr. Jack McCloskey, team leader, San Francisco Veterans Outreach Center.

Mr. McCloskey?

STATEMENT OF JACK Mc CLOSKEY, TEAM LEADER, SAN FRANCISCO VETERANS OUTREACH CENTER

Mr. MCCLOSKEY. Elaine and I grew up together. She was able to lose her Philadelphia accent. I was not. So bear with me.

Mr. Chairperson, distinguished members of this subcommittee, I appreciate the opportunity to express my views as a disabled Vietnam combat veteran on the problems still existing among the Vietnam era veteran population and how I feel that the Veterans Outreach Program is attempting to alleviate some of these problems.

I must say that I find it somewhat ironic in testifying as an employee of the Veterans' Administration when I have spent the last 10 years of my life on the other side of the fence as a critic of the Veterans' Administration.

I don't feel that I have become less of a critic or in any way have sold out in my role as a team leader. I have somewhat matured in my approach without losing the anger I still feel toward how the country has treated the Vietnam era veteran, most especially the Vietnam combat veteran.

I appreciate the Veterans' Administration for allowing me to still criticize in a constructive manner. I have and continue to see a slow and gradual change to the good of how the VA is dealing with the Vietnam era veteran.

In July 1979, Public Law 96–22 culminated an almost 10-year legislative effort to create a program tailored to meet some of the essentially unheralded, unheeded, and unmet needs of the Vietnam era veteran.

I wish to take this opportunity to thank those people that I feel were so instrumental in making this program possible, Senator Alan Cranston, Max Cleland, Dr. Jack Ewalt and, most especially, the Vietnam veterans themselves who did not give up and struggled with me for the last 10 years to make our program a reality.

I emphasize our program because I have been involved in the planning and training of the people working in Operation Outreach across the country. The work is being done by Vietnam era veterans and people who have been involved in the Vietnam veterans' struggle for many years now.

As in any new program, it still has its faults and kinks. But as time goes by, I feel that with the proper input these problems will diminish.

I would like to become more specific now in addressing the still existing problems of the Vietnam era veteran. Included in my statement are statistics concerning the Vietnam era veteran.

Under Public Law 96–22, the focus of the program is to provide "readjustment counseling." The term is sufficiently gray for it shall include the following services: one-on-one counseling, family counseling, rap groups run by and for Vietnam era veterans, referral counseling to appropriate services within the community and the VA system itself.

I think with more teams and additional people added to existing teams that the Outreach program can and will be able to do a very professional and adequate job without losing the sensitivity that must remain an integral part when dealing with Vietnam veterans. At least I feel this is possible in San Francisco. Perhaps we are lucky in the caliber of people in the psychology department and the alcohol inpatient and outpatient clinics of the Veterans' Administration Hospital in San Francisco.

We are also very pleased with the cooperation we have received from this hospital relative to the Agent Orange issue and most especially with Dr. Gerald Charles and his willingness to work with us and other concerned groups in dealing with Agent Orange.

My only criticism is the slowness in getting adequate equipment and supplies to effectively run the Veterans Outreach Centers.

The areas that I feel the Veterans' Administration and most especially the Outreach Centers cannot deal with are the problems of unemployment and bad papers. There are too many Vietnam veterans in our prisons and on the streets living in despair and poverty. I am very angry about this and feel that the readjustment counseling will not be enough unless these problems are addressed.

I do not feel that it should be the role, nor do I feel that it is the responsibility, of the Veterans' Administration to alleviate these problems of unemployment and bad paper.

I feel that Congress, the Senate, and this country must provide adequate training and comprehensive realistic programs to deal with the Vietnam veteran unemployment problem, most especially the problems of the minority and disabled veterans that still bear the burden of the Vietnam war.

This cannot be done by creating makeshift work as has been done in the past. It can't be done by creating more CETA programs that do not work in the long run. It can only be done by allowing programs that provide meaningful and comprehensive opportunities for employment that don't end in 18 months with the veteran out on the street again with no marketable skills.

More money and faith needs to be put in the community-based organizations such as Swords to Plowshares, veterans' rights organizations, et cetera. Such organizations have the expertise and sensitivity in knowing how to deal with the Vietnam veteran when it comes to the problems of unemployment and bad paper.

If we are to finally welcome the Vietnam veteran home again—because many of us feel that we have not come home yet—then let us begin now 10 to 12 years later to heal the wounds of this country.

Let's not spare expense because it has been proven in the past that for every $1 spent on the World War II veteran, they contributed $4

back to the economy. Did we Vietnam veterans not bleed as much? I feel that my buddies will not have died in vain for a stupid and insane mistake only when this country will provide adequately for those of us who survived.

Thank you.

Chairman EDWARDS. Thank you, Mr. McCloskey, for your very fine testimony.

The last speaker on the panel of readjustment programs is Mr. John F. Parker, a national service officer of the Disabled American Veterans.

We should pay tribute to the Forgotten Warrior program of the DAV because it is a very important and useful program.

Mr. Parker, you may proceed.

STATEMENT OF JOHN F. PARKER, NATIONAL SERVICE OFFICER, DISABLED AMERICAN VETERANS

Mr. PARKER. Thank you, Mr. Chairman, members of the panel. I want to particularly express my pleasure in dealing with Ms. Alvarez and the other members of the VA Outreach staff.

My testimony will differ to a degree from theirs, but I fully agree with theirs. The Vietnam veteran came home to a society that he felt lived on the myth created of him by the mass media as psychotics, crazed killers, losers, bums, that should have been and in fact were rejected.

An extended psychological study, conducted by John P. Wilson, Ph. D., Cleveland University, of over 420 Vietnam veterans explains that a number of veterans are suffering from slowly festering, invisible wounds in the forms of survivor guilt, psychic numbing, identity delusion, ego synthesis, mistrust of authority, identity fragmentation, and psychological time warp or a delayed stress syndrome.

The study funded by the Disabled American Veterans entitled "The Forgotten Warrior Project" is the only one of its kind. It estimates that of the 2.8 million Vietnam veterans, 250,000 and possibly as many as 500,000 need various forms of help in order to become productive members of society unhampered by the problems of readjustment.

When a veteran tried to relate his Vietnam experiences, he often has just found rejection except with other Vietnam veterans. They shunned the system which rejected them, especially the Veterans' Administration which seemed disinterested in their health care needs, entitlement to disability compensation and education benefits.

The Wilson study also indicated that the unemployment rate, divorce and arrest for civil offenses far exceeded the national averages, as did substance abuse and alcohol and drugs.

The DAV established the Vietnam Veterans Outreach offices in six test cities in a storefront setting away from the structured VA regional office and the traditional veterans service organizations which the veteran often felt were one and the same. The DAV, however, seems different. While it is an established veterans organization with approximately 300 full-time employees, 90 percent are Vietnam era veterans themselves. Now the veteran was confronted face to face with another Vietnam veteran.

Since the inception of the DAV outreach program, it has grown from 6 to 62 outreach offices nationwide—which for the period July 1979 to February 1980, reported 20,219 contacts made of which 5,155 received psychological counseling, 660 drug counseling, 786 alcohol counseling, 602 legal aid, 1,260 emergency financial assistance in excess of $340,000, employment referrals totaling 4,026 and 678 applications for discharge upgrading.

Other areas involved food, housing, medical and related services. The DAV could not have done this without the cooperation of the professionals such as psychologists, psychiatrists, drug and alcohol counselors, employment developers, probation department officials and community-based agencies such as the CETA-funded Berkeley Veterans Assistance Center which volunteered their time and energy in making this a viable program.

The VA provides health care services at a cost 15 percent below that of Health and Human Resources, formerly HEW, in the private sector of the economy. VA health care services has decreased instead of increased with the veteran population—I will not quote the statistics, they are in my report.

Despite liberalization of benefits by Congress and an ever-increasing World War I, World War II and Korean era veteran populace, the VA system cannot keep up with the demand for services.

The disastrous recommendations of the Office of Management and Budget and Congress' compliance with Federal budget cutbacks for the Veterans' Administration for fiscal year 1981 will probably exceed $333 million. The result of this cutback has been seen in the attrition of VA personnel, 90 percent of which are in the VA hospital and outpatient clinics.

The system will be strained by the loss of 1,559 employees, including 922 medical programs. The Administration has stated more personnel will be added, but in reality this is not entirely true as an understaffing of facilities overall will result in a reduction in patient services, deletion of available hospital beds, training services the VA provides to medical students, research projects and related services.

It is appalling, with the apparent need of the veteran, and particularly the Vietnam veteran, how we can turn our backs on his needs.

The potentially disabling effects of Agent Orange, the defoliant used in Vietnam, has only in recent history been actively addressed—as are the readjustment problems of the Vietnam veteran. Various Federal and State legislation has proposed further studies of Agent Orange exposure and the delayed stress syndrome. The Department of Medicine and Surgery stated on March 20, 1980, to its VA medical centers and VA outpatient clinics, a proposal by the VA to recognize the post-traumatic stress neurosis disorder suffered by Vietnam veterans, particularly those in combat. The veteran may apply for care in a mental hygiene clinic, be admitted to a psychiatric ward, be seen in a day care hospital program, or in an alcohol and drug abuse dependence treatment program. Some will be referred to the VA center outreach program also. Final legislation should be completed in October 1980, which I strongly recommend. It is hoped that similar action will be forthcoming to a greater extent concerning Agent Orange and other agents to which servicemen have been exposed.

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Mr. Chairman, on a personal basis, as a disabled vet and national service officer, DAV, with 5 years' experience dealing with veterans of all ages, I cannot help but be emotional over this issue. On a day-to-day basis I am confronted, as are Jack and other members of the VA outreach team, with veterans of all ages, but in particular our own age who have given up. They can't see the light at the end of the tunnel or any hope or anyone reaching out to them. It's a very complex problem. No one agency is going to accomplish the end result.

I strongly recommend that the grassroots organizations, Swords to Plowshares, the VA outreach team, the DAV, the Veterans' Administration hospitals and outpatient clinics, the community-based organizations, all work together as opposed to working singly toward the end result of helping all veterans, but in particular Vietnam veterans.

Mr. Chairman, I thank you very much for this opportunity to appear before you.

Chairman EDWARDS. Thank you, Mr. Parker. And thanks to all four members of the panel for very useful testimony.

Mr. Dellums?

Mr. DELLUMS. Thank you very much, Mr. Chairman.

I would like to address my first question to the panelists who are team leaders of the Veterans Outreach Centers.

Do the veterans view your respective centers as a decentralized office of the Veterans' Administration? What status do they give your centers?

Mr. MCCLOSKEY. I think under the law there was a specific reason for putting the centers in the community. That specific reason was the treatment in the past by the VA of the Vietnam veteran. A lot of the people who come into our centers, even guys I've worked with for years, look at me now as part of the outside. That is going to happen no matter what program is set up.

I think the good part about the centers is, again, that they are in the community. The VA is essentially supplying us with goods to run the centers, but the centers themselves call the shots. I think that has to happen. The censorship is not happening so far, at least in San Francisco, although across the country, I understand, in other places the VA themselves are trying to run the center. That is detrimental to the Vietnam veteran.

Mr. DELLUMS. Ms. Alvarez, do you have any additional comments to make?

Ms. ALVAREZ. The feedback that I've gotten is that the center is perceived as something that is separate from the VA. A lot has to do with physical appearance and behavior. People don't come in because they've read the law. They don't necessarily know about the mandate. They see a sign and they know it's a Veteran Outreach Center. They don't even know it is connected with the VA.

As long as our behavior is such that it's warm and welcoming, I haven't felt any negative response.

Mr. DELLUMS. Thank you.

Mr. Alvarado?

Mr. ALVARADO. Mr. Dellums, I have participated through the regional office as a member of the veterans assistance centers and now as a member of the Vet Center, and I beg to differ with my colleague, Mr.

McCloskey. I have not, to this point, seen any noticeable change in attitude in terms of the veterans coming in, even though the Veterans' Administration is providing those services.

Chairman EDWARDS. Mr. Dellums, would you yield?

Mr. DELLUMS. I yield.

Chairman EDWARDS. Since the first three responses were from employees of the Veterans' Administration, I would like to hear what Mr. Parker has to say.

Mr. PARKER. Well, I tend to agree with my fellow panelists in that I'm often confused with being with the Veterans' Administration. I go through a period of time with my veteran, up to 2 or 3 months, before they'll even heart-to-heart talk to me, so I can bring him on a level where he'll trust what I'm saying about his VA benefits.

I find this practice is essential to physically take him to the VA outpatient clinic or to the employment development department and introduce him to the doctor or developer, as they resist very much the referral system. They do not want to deal with structured procedures such as filling out forms, and I feel that's our responsibility, too. They do not understand, in filing for disability compensation benefits, the requirements of title 38 or their interpretation of the VA regulations as to time requirements in proving a disability claim.

I feel that some of the Veterans' Administration correspondence to a veteran is vague and confusing. They should clearly spell out, if a claim is filed for service connection, the presumptive periods involved in which evidence has to be amassed.

I also have job developers, psychological counselors and drug and alcohol rehabilitation counselors. These are most important in reaching out to these street veterans which you, Mr. Dellums, I am sure in this area, are well aware of.

Mr. DELLUMS. Thank you very much.

My next question goes to the question of attitude. I would like to ask the team leaders what attitude do veterans convey during the first contact interview with your centers?

Mr. MCCLOSKEY. Basic mistrust. I think that attitude, no matter if it were the VA or a community-based organization, the attitude is basic mistrust.

The guys have been run through the system before. They have not gotten any help from the system so when they come in they look at us, are you guys another shuck and jive program, and that rapport has to be established immediately or you will lose them.

Mr. DELLUMS. Is that the same essentially with you?

Ms. ALVAREZ. Yes.

Mr. ALVARADO. I would agree with Mr. McCloskey.

Mr. DELLUMS. Let me then ask the following question. What are the postcounseling attitudes? That is, once they have had contact with you, what then are their postcounseling attitudes?

Mr. MCCLOSKEY. I think what is happening in the postcounseling attitudes, they are bringing their buddies in. That is very good. At least if we have helped them, when they bring their buddies in they are putting trust in us.

Ms. ALVAREZ. My response is somewhat different from that of my fellow panelists.

What I have observed in all the people who have come is—well, yesterday, as a matter of fact, somebody called from Placerville and

she said that this was the first ray of hope that she had experienced in her pursuit of help for her husband.

I get a lot of family members, the spouse, the wife calls and says this is the only place that sounds like they know how to deal with the problems that her husband has presented.

The beginning relationship, the feeling of distrust I cannot say had been paramount. There has been, in fact, a sense of joy that there's somebody there who seems to understand. And they have also brought in their friends and neighbors.

Chairman EDWARDS. If the gentleman will yield?

Mr. DELLUMS. I yield, Mr. Chairman.

Chairman EDWARDS. Thank you.

Do you have a special expertise in these outreach centers?

Mr. MCCLOSKEY. [Nods his head.]

Chairman EDWARDS. What is the background of your counselors?

Ms. ALVAREZ. I guess we will have to speak invividually. I am a psychiatric social worker and I have been doing outreach with Vietnam era veterans for 10 years. I hire people who are also experts in doing outreach with veterans.

Mr. MCCLOSKEY. I have a degree in psychology with emphasis on what they call "post-Vietnam syndrome." I don't think the degree is important as much as the fact that I am a Vietnam combat veteran.

Mr. DELLUMS. Mr. Alvarado, do you want to comment?

Mr. ALVARADO. Yes, sir. The following is the makeup of our staff which includes both teams. I have been working with Vietnam era veterans for 10 years now. We have two staff members who have worked in the VA hospital and have been there for a period of 5 years or over each.

We have two staffers with masters degrees in sociology and marriage counseling. So, we have a pretty diverse background with respect to the problems of the Vietnam veterans.

Mr. DELLUMS. Yes; Mr. Parker?

Mr. PARKER. I do not have a degree. My expertise has been derived from 5½ years of employment with the DAV on a day-to-day basis, talking to people.

I find one of the most important things on first contact is to take time with the person. First they have to vent their anger toward the system, and then we must get back to the real problem and address that.

When we're all under pressure, there are too few of us and too many of them, it seems at times. But I can't overstress that point in my experience, that we must learn to show compassion and listen to what they're asking about.

I think, too, concise training of the outreach coordinators is most important. We shouldn't assume an expertise we don't have.

In my center, my background is in representation before the Veterans' Administration, particularly disability compensation claims. I further represent before the Social Security Administration, Civil Service Commission, discharge review boards, physical evaluation boards and various other agencies on behalf of veterans and their families.

So, we all probably have a wide and diverse range of representation. In my center we have individual counselors who have expertise in

drug and alcohol rehab and the psychological rehab. I do not confront that myself. I do not have the expertise and don't pretend to.

I do compliment the Veterans' Administration personnel in the Bay Area hospitals in their cooperation with my outreach project. When I needed a veteran to go in to outpatient or inpatient care, they were helpful in cooperating with me there. It's important to make points of contact, very important.

Mr. DELLUMS. I thank all four of you for your responses to that question.

With respect to contact pattern, are you an agency of last resort or are you an agency that is the first agency that veterans come to as a resource?

Mr. MCCLOSKEY. I think for the VA we are an agency of last resort. Over the years, community-based groups have been doing this work. I think it's very important to keep that in mind.

I hope that Congress does not expect the outreach program to take the place of community-based organizations. It is an integral part of the VA, but it is not geared to deal with certain specific issues. Congress must recognize that it has to support the community-based organizations.

For a lot of guys—when they come in and tell you for the first time in 10 or 12 years they can sit down and talk about Vietnam, that makes me angry that they have not been allowed to do this before. That makes me very angry.

Mr. DELLUMS. Ms. Alvarez, in your contacts one-on-one with the veterans, what do you perceive as the most common problems that veterans bring to you in your contacts with them?

Ms. ALVAREZ. Actually, if you noticed in my presentation, I did stress discharge upgrading because out of 140 vets, 25 presented complaints about discharge upgrading. Now, aside from that, the problems have to do with depression, nightmares, difficulty sleeping, sexual difficulty—what they say is an inability to be responsible.

How that's translated is they take one course after another, one relationship after another—no feeling of commitment, kind of apathy and fantastic mood swings, inability to feel attached—the primary complaint, feel attached, feel committed, be able to move on.

Mr. DELLUMS. With respect to these latter feelings, how do you relate that back to the unique situation of the Vietnam era veterans?

Ms. ALVAREZ. In the process of working with people, what comes out—what they verbalize—is a feeling of outrage, a feeling that they were used, a feeling that they cannot trust authority, and then they begin to make the connections that this apathy that they're in is related to a sense of—a desire——

Many of them were patriots. Many of them wanted to do the heroic thing. They wanted to feel proud of their behavior, their acts in war. What they tell me is that they feel ashamed instead, and they don't know why. They don't make the connections.

They tell me separately they feel ashamed. And then they tell me they can't have relationships. What we do is begin to make the connections and they begin to see that all of that is tied up together.

Mr. DELLUMS. Thank you very much, Ms. Alvarez.

Mr. ALVARDO. I would like to respond to your first question, Mr. Dellums, and that is the question about veterans using the centers as a last resort.

We don't view our efforts as a last resort for veterans. We would preferably describe it as a link that has been missing in the community for quite some time.

Prior to this concept being in the community, layman-type counseling has been provided, and I might add, not with this type of professional staff.

Mr. DELLUMS. Thank you.

Mr. McCloskey, I would like to ask you a final question, then I will yield back to the Chair.

In your judgment, what is the most common profile—if you have to lay out a profile—of the veteran who comes into the outreach center?

Mr. MCCLOSKEY. I would say that the most common profile is a feeling of inadequacy in oneself. The guys feel that they have not been able to come home again.

I think you have to look at it differently and break it down, even minority issues. For a lot of the third world veterans who have come into the center, this is nothing new to them. The treatment that they have received coming home is nothing new to them. They grew up with it.

For the white veteran—most especially for the white combat veteran—that experience was a shattering of the American dream, and they feel that there's nothing left for then.

Mr. DELLUMS. Ms. Alvarez, would your comment to that be essentially the same?

Ms. Alvarez. [Nods her head.]

Mr. DELLUMS. Thank you.

Mr. Chairman, I yield back the balance of my time.

Chairman EDWARDS. Thank you, Mr. Dellums.

The big step forward in enacting legislation to provide readjustment services was to establish the outreach centers. There was a long tradition of having all this kind of work done at the veterans hospitals and clinics, isn't that correct?

Mr. MCCLOSKEY. Yes.

Chairman EDWARDS. There was an effort made on the House side by some of us to go one step further, as you know.

Mr. MCCLOSKEY. Yes.

Chairman EDWARDS. And that would have been to allow the Veterans' Administration to contract with outside agencies.

Mr. MCCLOSKEY. Yes.

Chairman EDWARDS. So that organizations, such as the DAV, for example, might have a contract with the VA to provide readjustment services. Would you be in favor of that?

Mr. MCCLOSKEY. I would say that the readjustment centers themselves are just one small step. I think contracting services still has to happen, most especially for unemployment, most especially for bad papers. Contracting services has to happen in the community.

Sometimes what you find—and most especially here in California because of proposition 13 passing and now with 9—is we see a veteran—and I've worked on a lot of community programs as a liaison between them in dealing with those veterans. Because of the cutbacks, the veteran will go in to get some detox, either alcohol or drugs. They will find out he's a veteran and tell him to go to the VA.

The VA may not be equipped to deal with that problem, most especially drugs, in my opinion, because of the VA's emphasis on methadone.

So I feel that the contracting of services has to happen in the community. What is happening, if you have a veteran who comes in with a bad paper referred to a community service or community organization for services, they will not deal with him.

They'll tell him to go to the VA. The VA will not deal with him because he's got bad paper. So he has no place to go to get treatment. Again, I cannot overemphasize the contractual services.

Chairman EDWARDS. Do the other witnesses agree with the statement of this witness?

Mr. ALVARADO. Yes, indeed.

[Ms. Alvarez. nods her head.]

Mr. PARKER. Yes.

Chairman EDWARDS. We have had a lot of discussion both here and in Washington about bad paper.

Does less than honorable status show on a discharge and would a potential employer know of such status?

Mr. MCCLOSKEY. Yes.

Ms. ALVAREZ. And people get fired. One of the clients that I had worked for a supermarket when he first came out. He lied and it caught up with him and he was fired.

Not only is it a stigma, it is an actual detriment to employment.

Chairman EDWARDS. Mr. Alvarado?

Mr. ALVARADO. Mr. Chairman, it appears—well, it doesn't appear, it's a fact that the veteran with bad paper is caught in a catch-22 syndrome. If he lies about having a bad paper, the employer, if the employer chooses to make inquiry of the veteran's background and finds out that he's got a bad paper, fires the veteran. If he doesn't tell him, he won't get a job. And if he does, then he won't get a job, anyway.

Chairman EDWARDS. Mr. Parker?

Mr. PARKER. Back to catch-22. When a veteran applies for upgrading of his discharge, it takes 8 months to 2 years to wait for an answer from the discharge review board or the board of corrections. In that time frame, he has no certainty as to the outcome, of course, and can be in that haze of unemployment and rebuttressing of his feelings of inadequacy or unacceptance by the system. If there is any way to hasten the upgrading of his discharge, I am sure that would help.

Mr. MCCLOSKEY. You must realize that most of the discharges given were given for things that would not be considered a crime in civilian life—for obesity, for homosexuality, for bedwetting—these are ridiculous things to stigmatize somebody for the rest of their life.

I feel that it's a responsibility. You also must recognize that most of the guys who deserted, most of the guys who got bad papers, served adequately in Vietnam. They got the discharges after they served.

You have to look at it that way. The only way to deal with it economically and justifiably is to do an unconditional amnesty for every veteran in this country who has bad paper.

Chairman EDWARDS. Do the witnesses agree with that statement?

Ms. ALVAREZ. Absolutely.

Mr. ALVARADO. No.

Chairman EDWARDS. In the congressional hearings on the discharge upgrading program, those of us who supported a strong program didn't do very well, as you know.

The administration had a very strong program where there would have been just about general amnesty for these bad paper discharges, but there was not much support for the administration's plan.

Isn't it correct that minorities are discriminated against rather badly in the discharge process?

Mr. MCCLOSKEY. Yes.

Mr. ALVARADO. Mr. Chairman, I'd just like to make one other point, and that is in regard to the incarcerated veteran. I've been to several prisons throughout the country—a large percentage of those veterans who are incarcerated have bad papers. Most of them are drug related or other administrative problems. These are combat veterans.

For example, of the prisoners in Soledad State prison, 60 percent of the Vietnam veterans had bad papers, and they all went to Vietnam.

Mr. DELLUMS. Mr. Chairman, would you yield for a minute?

Chairman EDWARDS. Yes; I yield.

Mr. DELLUMS. Thank you.

Mr. Parker, you indicated that the timelag from application to the actual upgrading of bad papers was from 8 months to 2 years?

Mr. PARKER. Yes.

Mr. DELLUMS. My question is, what percentage of success have you experienced? Did half of the people get their papers upgraded, one-third, 25 percent or what percentage?

Mr. PARKER. That's a hard figure to state.

Mr. DELLUMS. In terms of your experience?

Mr. ALVARADO. Mr. Dellums, as a point of information, the San Jose GI Forum has a discharge upgrade project and their success ratio is 54 percent.

Mr. PARKER. Let me add one thing that has always bugged me. A combat veteran with extensive war wounds can be in a military facility such as Letterman and they release him to the Veterans' Administration, when he should have been referred to their physical evaluation board and placed on a temporary disability retirement listing or a permanent disability retirement listing.

I have a case where a veteran had extensive skull loss—shell fragments. If he's rated 100 percent by the Veterans' Administration, he should have been considered for permanent disability retirement.

There is a tendency in the military services to process you out without fully informing you of your separation rights or what to expect when you're back in the world, as they say.

Mr. MCCLOSKEY. You have to look at the discharges as being unequal, in the sense of how the services deal with them. The Air Force is the best. They upgrade more discharges than any other branch of the service. I think they have more understanding. The Army is so-so. The Marine Corps and the Navy, it's very, very hard for them to upgrade a discharge. Something has to be done.

If, in fact, you are going to have a discharge system, which I disagree with, then you're going to have to make it equal across the board for everybody and not allow one service to interpret it one way and another service to interpret it another way.

Chairman EDWARDS. I think those suggestions are very valuable. It would certainly make sense to have the same regulations for all services. It is outrageous to think that they would be different.

Do you think that vets generally are aware that there are proceedings and applications to have their bad papers upgraded?

Mr. MCCLOSKEY. No.

Mr. ALVARADO. No.

Mr. PARKER. No.

Mr. MCCLOSKEY. There is no publicity done. The publicity that has been done has been done in the wrong places. A lot of the vets by and large will not read a paper. I think it has to be done on a jazz station or rock stations.

There needs to be definitely more done in publicizing the fact.

Chairman EDWARDS. Well, then you think that the Veterans' Administration ought to do a much better job in outreach efforts and in an outreach program to acquaint veterans with their opportunities to have their discharges upgraded?

Ms. ALVAREZ. They definitely should, but the whole mechanism has to be improved. I mean, the people can be viewed, the process itself has to be greatly improved and changed.

If you do outreach and tell everybody that they are now entitled to get discharge upgrade and then put them through and it's 2 years now—what is it going to be if you do more publicity, is it going to be 6 years? I don't know. The mechanism would have to be changed. But definitely they should be informed of their rights.

Mr. MCCLOSKEY. I don't think, though, that it should be in the hands of the Veterans' Administration to do the publicity because it's a conflict of interest. If a person gets his discharge upgraded, that means he is going to be eligible for benefits, which means that it's going to cost the VA money.

So, I think the agency that should do it is the Department of Defense. They should put money into doing the publicizing of the discharge upgrading, not the Veterans' Administration.

Chairman EDWARDS. Well, Mr. Dellums is a senior member of the Armed Services Committee. [Laughter.]

I think you probably recognize that it is not as easy to do as it should be. A lot of the reason for this is a holdover from the Vietnam war. A lot of it is a holdover from the resentment of a lot of Americans for people who went to Canada, who didn't want to fight in Vietnam.

I am sorry to say, but that has a lot to do with our great difficulty in getting any legislation at all that has to do with upgrading bad papers.

Mr. MCCLOSKEY. I think this country has not made the difference between the war and the warrior, and that's been our problem.

Chairman EDWARDS. Now, Mr. Parker, what is your relationship with the VA's Outreach Centers? Do you have a liaison sort of arrangement? Do you duplicate each other? Are you in competition?

Mr. PARKER. Well, the third thing's incorrect. We're not in competition. I really think we're working toward the same goal.

I have offered my services. As I said, we are a multiservice organization. Everyone has their own expertise. Since mine happens to be intensified in the disability aspect, I have offered those services to Mr. McCloskey. And there's other members who have graciously offered me office space for that purpose.

So, it's an inner-referral system, which I think it should be. No one organization can do every service for the veteran. I cannot possibly know all the community agencies available.

Whereas, a resident such as Jack who's been in the Bay Area longer than I have would be more aware of those types of agencies. In the VA system, I can use him to—I shouldn't use that term, "use him"—but to get to the people to get the service done.

Chairman EDWARDS. How is it that the DAV has this program? Does The American Legion have a program or the Veterans of Foreign Wars?

Mr. PARKER. No.

Chairman EDWARDS. They are much bigger and richer than you are. Don't they have these programs?

Mr. PARKER. Yes, sir. We are by no means the largest organization. But we have the largest full-time staff of service officers.

Chairman EDWARDS. Where does your money come from?

Mr. PARKER. From general contributions, from the public and membership in the DAV chapters which is not mandatory for representation—which it clearly states on the DAV form appointing representation.

Chairman EDWARDS. That is very much to your credit.

Mr. MCCLOSKEY. The VFW and The American Legion look at Vietnam veterans as losers. What they don't realize is that Vietnam combat veterans actually saw more combat than their World War II counterpart.

Again, they look at us as losers. And it took me 8 years to collect a disability because I felt that I should not get money for being disabled in a war that I felt was wrong. Finally somebody pointed out to me that if I don't get that money it's going to go to the Department of Defense.

I think the attitude has to change. We want to be home. We want to stop being Vietnam veterans. I do not want to be a Vietnam veteran for the rest of my life. And now I feel that I'm becoming a professional Vietnam veteran.

That's not right. My war was over 10 years ago and I want to stop fighting it. I know that a lot of us do—we're getting tired.

Chairman EDWARDS. Mr. Dellums?

Mr. DELLUMS. Thank you, Mr. Chairman.

Mr. Parker and Mr. McCloskey, for the record, I would appreciate it if you would speak about the specific and unique problems of disabled veterans.

We have talked briefly about the profile of the average veteran, the kinds of emotional stress and strain, the physical problems. But what about the problems over and above that that are unique to the disabled veteran?

Mr. MCCLOSKEY. I am smiling at myself. I just finished last June a year's internship at University of California medical school through their Department of Psychiatry in counseling physically disabled with sexual functioning problems.

The VA does not deal, I feel, realistically with the counseling that needs to happen concerning disabled veterans. They deal with it, they give them money, but the rehab counseling in itself is not enough.

There's not enough followup in the psychological counseling. A lot of the disabled veterans sit in their homes and do not come out. They're ashamed. One guy that I'm counseling lost his leg, and he said he lost his leg in a motorcycle accident. He's ashamed to say he lost it in Vietnam where he did lose it.

Now that's absurd. I think the VA has to followup on counseling. There are over 300,000 disabled Vietnam veterans. Why? What has been done for them?

Mr. DELLUMS. Thank you.

Mr. PARKER. Thank you, John.

I tend to get a little emotional on this issue, too, that's where my heart is—dealing with disabled veterans.

I found frustration referring veterans for job referral, only to be told by his employer that he couldn't be hired because his disability would interfere with the performance of his duty.

This seems very inherent in civil service employment, particularly in the Postal Service. They will employ a veteran for a trial work period which is usually 90 days, hold him for 87 days, and then fire him. He has no recourse.

I think on a personal basis, in the innerfamily relationship, we tend to overreact to some degree to our disabilities. We're trying to prove—quote—"we're normal." Doing that creates its own inward stress which overflows in the family structure—which in accordance with the Wilson study accounts for this high divorce rate, in part.

We withdraw in our shells or we blow up. We don't want to deal with it. We want to be left alone. I can relate to that in my own work situation. At 4 o'clock I can't turn the day off. I go home and it takes me hours to calm down. There are bad days you just don't want to deal with anyone.

I can't adequately express all the feelings and changes you go through. The younger you are, the longer you have to live with the disability, the harder it is. The average age of the Vietnam veteran was 19.2 years in combat. In World War II it was 26 years. We were a bunch of teenagers going to war. We weren't old enough to vote but we were old enough to get shot, and the reception by the media and our own families was negative.

Chairman EDWARDS. That is a very eloquent statement.

Mr. DELLUMS. I yield.

Chairman EDWARDS. Thank you.

There are three veterans outreach centers in the Bay Area. Do you find you are receiving more veterans than you can properly handle? Do you think more centers are needed? And are you short of money?

Mr. MCCLOSKEY. Yes, to all of those. There are five centers in the Bay Area.

Ms. ALVAREZ. Yes.

Mr. MCCLOSKEY. But we're getting guys from Marin County, Sonoma County—there definitely needs to be more centers. I feel every county should have a center.

There are some teams that have a whole State to cover. I mean, trying to cover all of Alaska and trying to cover all of North Dakota, South Dakota. I've been talking to the guys there and they're overwhelmed with work. They are beginning to burn themselves out because the work needs to be done.

Definitely, more centers have to happen.

Ms. ALVAREZ. There need to be more centers across the Nation and specifically in California. I get calls from northern California, Sacramento, Placerville, Vacaville, all over, and people do in fact drive in. But driving 5 and 6 hours for counseling is absurd, absolutely absurd.

Mr. PARKER. I feel the awesomeness of your statement, too, in that I'm responsible for all northern California from San Luis Obispo all the way to the Oregon border. No one person can possibly reach the populace which we're trying to reach.

Chairman EDWARDS. Well, we hope that none of you burns out, I promise you that.

Are there any further questions?

Mr. DELLUMS. I have no further questions.

Chairman EDWARDS. Thank you very much for excellent testimony, for helpful testimony. Speaking for myself, I am going back refreshed with a lot of good ideas.

Thanks a lot.

We are now going to have a panel of community veterans organizations. We will use the same format. Each of the witnesses will testify and then the committee members will ask questions.

Mr. Jones, Mr. Parker, Ms. Ramsay, Mr. Wysingele, and Mr. Hodenfield.

The first witness will be Frank A. Jones, executive director, Swords to Plowshares. We welcome you.

STATEMENT OF FRANK A. JONES, EXECUTIVE DIRECTOR, SWORDS TO PLOWSHARES

Mr. JONES. Mr. Chairman, distinguished members of this subcommittee, Swords to Plowshares appreciates the opportunity to express its views on the problems confronting the Vietnam veteran.

Mr. Chairman, as you may well know, Swords is a nationally recognized organization that has effectively met many of the needs of Vietnam veterans. However, over the last 2 years we have found it increasingly difficult to help Vietnam veterans because of diminishing CETA participation and funding of veterans organizations such as ours.

This, then, is the first problem I would like to make known to this committee: Decreasing CETA funding in the area of veterans services.

Although CETA guidelines state in specific terms that veterans are to be provided "for increased participation of qualified, special, disabled and Vietnam era veterans," the local prime sponsors across the Nation have disregarded the language of the regulations and have not only not increased Vietnam veterans' participation, they have systematically defunded Vietnam veterans' programs. When complaining to the Department of Labor about this, there is no response or enforcement of CETA regulations relative to Vietnam veterans.

Last year, Swords was forced to the courts because of this specific problem. This should not be when the regulations are as explicit and clear as they are in this area.

Along with this problem is the problem that the Veteran Employment Service unit inside the Department of Labor is having with many

prime sponsors. VES, as they are called, is legislated to monitor prime sponsors' compliance with the CETA guidelines and regulations concerning veterans. They have issued many noncompliance reports internally and nothing has been done.

VES's must be given real power to issue reports and have something done about their claims of noncompliance by prime sponsors. To allow the VES's to function as they are presently functioning is to waste money due to their meaninglessness in this particular area.

They should be given power to force CETA regulation compliance. This could be done by construing noncompliance of the veterans section of the CETA regulations as a breach of contract and withholding CETA monies until compliance is achieved.

This is not now the way DOL works. An organization such as ours has no real recourse with the Department of Labor when CETA guidelines concerning veterans are violated.

The problem is further complicated by the fact that many prime sponsors feel that CETA funds are revenue-sharing funds and not bloc grant money. Consequently, they have disregarded the CETA regulations and determined to function as they desire.

Another problem found in the CETA regulations themselves is that they define a Vietnam era veteran with the age limitation of 35 years old. This age limit should be dropped, especially since Vietnam era veterans are getting older. The average age presently is 33 to 35. Because they are getting older, it does not mean that they have been serviced. The fact of the matter is that the older they get, the more difficult they are to reach and service.

Because of the nature of governmental institutions and how these institutions are perceived by veterans—as an extension of the military—CBVO's such as ours are the most effective means of addressing and servicing veterans who are turned off by traditional institutions.

The CETA funds have been a mainstay to many Vietnam veterans organizations such as ours until the last 2 years. Yet there is still an abnormally high percentage of dishonorable discharges which continue to bar veterans from quality work. These discharges need upgrading. Discharge upgrading is a very slow and technical process that can be done only if CVO's such as Swords and others are given the resources to do so.

This committee should see to it that CETA regulations relative to Vietnam veterans are strengthened and enforced by the Department of Labor so that we can carry on the needed services.

It is especially necessary, in the light of budgetary cuts, that the prime sponsors are forced to comply. Because what we feel is going to happen is, under the budgetary cuts prime sponsors will begin to look at title II where there will not be so much of a cut and try to cut back on veterans services.

I think it should be stated here that over the Nation there are 450 to 500 prime sponsors. Yet there are only about 10 to 15 veterans service organizations that are funded through CETA, despite the clear regulations of title II and all the other titles which says that there should be increasing participation of veterans.

The problems of psychological adjustment. The research by psychologists such as Drs. Wilson, Figley, Shatan, et cetera, has shown that during the eighties there will be more cases of delayed combat

stress seen than in the seventies. If this is true, and there is no reason to doubt that it is not true, when looking at the very nature of the malady itself, and the complications of Agent Orange, then something must be done to address this problem and its complications.

The VA Outreach Centers are an attempt—and I state, they are an attempt; and we laud that attempt, but I do not feel that they are properly equipped to deal with Agent Orange due to the VA's policy which is contradictory, and due to the fact that there are severe clinical needs of many veterans and often many of the VA staff—as I was listening to the testimonies—are viewed and perceived by veterans as being VA staff and an extension of the VA.

Even if they were equipped and even if the perception was different, there are still too few of them. Unless there is a program of clearly focused acute clinical treatment made available to Vietnam veterans for delayed combat stress and a change in VA policy on Agent Orange and staff attitudinal changes and changes in veterans' perception, the effects of this condition may find itself known by criminal actions.

I, therefore, suggest as a first step that the VA be forced to immediately accept delayed combat stress as a service-connected disability for which the veteran is treated and compensated, and that Agent Orange symptoms be defined as service-connected disability and compensated for.

As the second step, I suggest that more VA and mental health money be channeled into contractual fees for services into nontraditional community-based outreach organizations to provide such assistance to those centers as programmatic assistance, evaluative assistance, practical and logistical assistance, and other VA services such as discharge, et cetera, in those centers to help that vet who is suffering acute delayed combat stress and other problems.

Although Agent Orange is a chemical that is not generally associated with psychological adjustment problems, there are some researchers who argue that indeed Agent Orange may have a very real psychological impact on Vietnam veterans beyond the stress of anatomical problems. This should be investigated thoroughly. The whole Agent Orange scenario should be thoroughly looked into by the Government. This much is owed to the veterans.

However, while the findings are being compiled, the Government via the VA should—I will repeat, the Government should make Agent Orange victims—those victims suffering symptoms—a service-connected disability and they should receive treatment and compensation.

At Swords, we have placed veterans in jobs, and we have seen many cases where for no apparent reason the veteran simply walked off the job. Under closer staff discussion and examination of the specific cases, we recognized that real war-related problems were involved. Whether it had to do with Agent Orange or delayed combat stress was unclear. That they were involved in the veteran's inability to continue on the job—that was clear.

Because of these types of adjustment problems characteristic of veterans having seen combat and having been exposed to Agent Orange, Swords feels that equity alone demands that veterans be given service-connected disability for the herbicide Orange.

Judicial review of VA decisions and extension of delimiting date. For too long the VA has had no judicial review of its decisions. And likewise, for too long many of these decisions were unfair and harsh to the veterans.

Had there been judicial review, the VA's decisions may have been quite different and may have been based upon the fairness doctrine on which the entire system of American jurisprudence is based. But the VA stands alone in being the final authority in too many veteran's lives.

There is a Senate bill that is presently being considered—or it was being considered—S. 330. This bill seemingly is going to die for lack of interest. The existence of this law, which the bill states is a law to bring about judicial review—the existence of this law could cause the VA to be more careful in their adjudications, and it would give the veteran a right that is enjoyed by other Americans and that is fundamental to the American way of life—that is, judicial review of adverse administrative decisions. The impact of the law would also help change the image of the VA from the invincible, monolithic extension of the military. The veteran would then be receptive to using the VA facilities.

This bill may die for lack of interest. Swords is definitely interested in its passage. I therefore recommend to this committee to do all that they can to see that S. 330 gets out of the House and becomes law.

Because many veterans have not been reached by the VA or us, their VA benefits may go unused unless the delimiting date is extended. Swords is recommending to this committee that the delimiting date be extended by 5 years to allow the 40 percent of Vietnam veterans who have not yet used their benefits the opportunity to do so.

Mr. Chairman, committee members, I have not attempted to be exhaustive in stating problems. I only attempted to state a few problems we face on a daily basis. Swords would be willing to work with any one or all of you in addressing these problems. Do feel free to contact us on these matters.

Mr. Chairman, I thank you for this opportunity. This concludes my testimony. However, I would like to submit, if at all possible, further extended testimony to the committee.

Thank you very much.

Chairman EDWARDS. Thank you very much, Mr. Jones. And without objection, your further testimony will be made a part of the record.

[Material follows:]

Last year, Bay Area prime sponsors defunded Veterans' Programs, and Swords was forced to go to court to find a meaningful remedy. This was not atypical to Swords; we received calls from New York about prime sponsors defounding veterans organizations, we received calls from Seattle, we received calls from Portland as well. All of these organizations were experiencing the same problems Swords was experiencing. Defunding is symptomatic of the actions of prime sponsors.

It should be stated that across this nation there are approximately 450–550 prime sponsors operating CETA Program, yet there are only about 10–14 veterans, CBO's that are funded by CETA, in spite of clearly written CETA regulations saying that Vietnam veterans should have increasing participation in CETA Program.

Prime sponsors and cities are developing self serving position papers which intellectually dissolve Vietnam veterans' problems. In Oakland, as an example, a mayorial commissioned report on the needs of Vietnam vets in the city, indicated

that vets were doing well. Such reports do not take into conseidration veterans with dishonorable discharges and veterans who have simply dropped out of the mainstream of society. Yet these types of self serving reports are put together by callous governmental offices and the veteran is told that the VA is taking care of his problem. And in spite of CETA regulations which spell out Vietnam vets' increasing participation, prime sponsors in the Bay Area and across the nation are decreasing veterans participation; example, in San Francisco which has a veteran population of 18.5 percent the prime sponsor planned to serve only 280 vets for 1980, yet funded a 260 service level.

There is another factor to this decreasing of veteran participation by prime sponsors. Too many prime sponsors, and some DOL workers, hold firmly to the idea that CETA monies are revenue sharing money to be used at the discretion of the prime sponsor. And their discretion has been to disregard veteran services. It is crucial that Congress make clear to DOL and prime sponsors that the CETA money is block grant money and not revenue sharing.

In Marin County the prime sponsors have indicated that they will use CETA funds as they desire, and if DOL doesn't like it they can take the money back.

It is crucial that this congressional hearing understand the importance of CETA to the readjustment of Vietnam veterans:

1. CETA funds are on the very level the vet is on—the street level. Organizations such as Swords and other CBVO's are the only source of treatment and assistance many Vietnam vets will avail themselves of because of these veterans' turned-off attitude toward governmental institutions.

We have assisted veterans, and after our assistance CETA officials have contacted these same veterans asking about CETA services. In many cases the vet would not respond to CETA's correspondence. In other cases some veterans marked on the letters: "I don't know anything about any CETA".

In serving vets we do not tell them that we use CETA funds, for fear that they view us as an extension on the government, hence the military, and the vet that we service is usually turned off toward the government, the military, etc. He will not go to the VA, or other governmental institutions for help. Yet this is the very vet we must address.

We can reach the vet that no governmental body can. This is the most needy and disenfranchised vet of all. CBO's alone can do this job. CBO's must have CETA funds to continue.

2. It has been thoroughly documented that many vets view any governmental institutions as an extension of the military, and such a vet is usually turned off by the military. Yet these same vets will seek help from a vets self help group such as Swords.

If self help groups, such as ours, are to be effective in the delivery of services, they must hire competent and sensitive veterans and nonveterans to seek out and help the most hurting vets. This is the very intent of the CETA section on Vietnam vet participation. Because we are street level, vets find identification and comradery with us.

3. The CETA regulations state that vets should be given benefits counseling. Most prime sponsors have absolutely no idea what benefit counseling is and the time it takes to do that task alone.

Benefits counseling can mean the moving of a job barrier from many disadvantaged veterans. In San Francisco, Swords did two surveys of employers. The question was posed: Would you hire a Vietnam vet with a dishonorable discharge? Of the percentage that responded (50 percent) the answers were: 61 percent no; 30 percent maybe, if all other factors are positive; and 9 percent uncertain.

To the question: Would you hire if such a one were in the process of having the discharge upgraded? The answer was: 51 percent yes, would give the benefit of doubt; 40 percent no; 6 percent maybe; and 4 percent uncertain.

These surveys indicate that badpaper (dishonorable) is a definite barrier to employment of the Vietnam vet. Benefits counseling can help remove that barrier by upgrading discharges and helping veterans take advantage of their educational benefits.

The Vietnam veterans in most need of these services will not go to governmental institutions. These veterans will come to CBO's such as Swords. These vets are the ones with acute psychological adjustment problems.

Therefore, CBVO's are crucial to the readjustment of Vietnam veterans, and CETA funds are crucial to these organizations. Yet prime sponsors across the nation are disregarding the clear language of the CETA regulations. This com-

mittee must address itself to this problem of CETA guidelines implementation. Swords, or any other vets' service organization, does not have the time or energy to go to court to make prime sponsors comply. DOL is supposed to do that. In this period of high inflation, there is no prime sponsor that will turn CETA money back to DOL because it does not want to comply with the guidelines. DOL can bring about compliance if it is told to do so by Congress.

PSYCHOLOGICAL READJUSTMENT

It is my view that the VA outreach centers are not equipped to deal with psychological needs of veterans they are supposedly set up to address based upon the inherent contradiction of VA policy: The VA does not recognize Agent Orange symptons and effects as being service related. Yet one of the major effects of Agent Orange is acute psychosis. This may be the reason why the suicide rate for Vietnam veterans is twice as high as it is for World War II vets. If the VA (the father to the outreach centers) has not acknowledged Agent Orange as service-connected, the VA outreach centers will not address it. Consequently the physiological effects will bring on the psychological effects that will degenerate to acute psychosis and suicide.

So there is a policy problem inherent in the centers that will preclude them from providing meaningful psychological treatment, especially to those vets who have problems because of Agent Orange.

It is necessary that the VA Outreach Program be analyzed for its effectiveness. Many CBO's are beginning to question whether these centers are anymore than revolving doors through which veterans pass.

Initially, Swords was faculty staff to the VA hired staff. We were excited about the program, although it was small and late in starting. However, now that all of them are operational, they merit close watching to see that they function for the good of the veterans and not the good of the VA, which, too often, is not the same as the good of the veteran.

In order to insure that these centers actually serve veterans and do not destroy the good name of existing CBO's the $6.2 million in contractual fees for service, of which the guidelines are now being drafted by the VA, should be employed largely by existing CBVO's to provide technical, programmatic, evaluative, logistical, and other support for these centers.

ENHANCING VIETNAM VETS' IMAGE

There is a serious image problem Vietnam vets are still having. I have personally gone to employers throughout the Bay Area seeking employment for veterans, and although Swords was willing to pay half of the veterans' salary if the employer would take them on, employers showed themselves to be very reluctant to hire Vietnam vets. Many of my job development staff have come in from talking to employers "burned out".

Employers as well as governmental officials have a very negative perspective of Vietnam vets. They too often view them as unstable, drug crazed time bombs whom they don't want around as employees. In the city of San Francisco with a population of 140,000 veterans (18.5 percent) the mayor has repeatedly refused to meet with the old fine veterans as well as the Vietnam veterans, although we have made numerous requests over a period one year. This is symptomatic of the negative image held by employers and governmental officials. Yet CBVO's such as Sword have become most professional and skilled in their operations.

There should be some congressional campaign toward enhancing Vietnam vet image addressed to employers and local governmental officials. This could mean such simple acts as coming to organizations such as Swords, spending time listening to hurting veterans, holding press conferences on the premises of such organizations, asking business leaders to meet with you and veterans' organizations to discuss veterans needs, etc., as well as national media campaign.

VIETNAM VETS' AFFIRMATIVE ACTION

There are many employers having federal government contracts over $10,000. These employers should be made to comply with federal Vietnam veterans affirmative action guidelines or lose the contract. The office of contract compliance should publish and make available to organizations such as Swords employers having government contracts. And there should be some statement on their compliance with federal affirmative action requirement.

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This would be invaluable in helping veterans organizations such as ours secure jobs for veterans.

Chairman EDWARDS. I think I should point out that S. 330 was passed by the Senate last year, and it does provide for judicial review of VA decisions. In the House of Representatives, Congress Drinan has introduced H.R. 6181, which is identical to S. 330. Mr. Dellums and I, and some 35 other members, have cosponsored it.

The bill has been referred to the House Veterans' Affairs Committee. It might have a better chance this year if we get lots of support from the outside. We've never had any success in the House. Perhaps this year or next is the right time.

Our next witness is Mr. Broadus Parker, president of the Black Veterans Association.

Mr. Parker, we welcome you. Your written statement will appear at this point in the record.

[Statement follows:]

STATEMENT SUBMITTED BY BLACK VETERANS ASSOCIATION, INC.

We, the Black Veterans Association, Inc., would like to thank Congressman Don Edwards and Ron Dellums for giving us this opportunity to address the problems facing Vietnam-era veterans.

The problem of the Vietnam-era veteran is America's gravest social problem. The problem lies in the nation's consistent failure to respond to the needs of its war veterans. Over and over again the problems of veterans have been ignored and then too much proposed too late. Disproportionate unemployment among America's latest veterans from the Vietnam war and their civilian counterparts is the central issue involved. The radical difference between military and civilian situations *must* be taken into account. Killing people, whether done in an aggressive or defensive posture is not typical of and cannot be understood as desirable within any civilian context. "Command situations" in military life demand suspension of democratic processes that are unthinkable in civilian life. We have no quarrel with the demands of the military codes of justice within the context of military service. However, objection must be made when thousands of young people in military service find themselves in conflict with military demands, and are expelled from military service to find themselves stigmatized permanently in civilian life.

The problems of psychological and social adjustment, less-than-honorable discharges, alcohol and drug abuse, military training that is not transferable and physical disabilities all affect the general employability of the veteran. The ultimate readjustment goal of a returning veteran is to obtain gainful employment. The right to life, liberty, and the pursuit of happiness is the principle on which the nation was founded. To deny people a right to gainful employment because of the conflicts surrounding their military service is cruel. It seems particularly disturbing when this conflict arises out of the democratic and spiritual training that is a part of our civil, cultural, political, and religious heritage.

Having glorified the soldier and the "war cause" in previous wars, the civilian society during the Vietnam-era characterized military service as evil. The veteran has become a victim of circumstances in a competitive society that made little or no allowances for its returning soldiers.

In the City of Oakland, veteran services have been characterized by a level of insensitivity that is unnatural for a city that claims to be a model for the nation. Since 1977. the Black Veterans Association has been requesting that the City of Oakland establish a fact-finding committee on Veterans Affairs. To this date, it has not happened. (see Exhibit I) In order to effectively serve Oakland veterans, cooperation is needed from the public and private sector to establish direct service-community based programs. In 1978, when Oakland was allocated 271,000 dollars in HIRE II funds, only approximately $86,000 was accepted. Hampered by red tape, no cooperation from participating agencies, delays in communicating information, and delays in receiving allocated funds, the Black Veterans Association had to reject the program. (see Exhibit II)

When given the opportunity to provide much needed funds, the city of Oakland has neglected the community. In 1979, the City of Oakland's Planning Depart-

ment submitted a "Needs Analysis on Oakland's veterans. The report stated that Vietnam-era veterans suffer no unique problems from the general population. Therefore, no pre-determined serviced-level should be set. The report is erroneous in content, inappropriate in its methodology, and very disturbing in its conclusions. (see Exhibit III) One need only walk the street corners of Oakland's minority communities to see the results of America's most controversial war. It was costly both in terms of lives, resources, and suffering that continues to this day.

The City of Oakland, which in 1978 had over 23 million dollars in CETA funds, only allocated 3.81 percent to service to veterans who make approximately 20 percent of Oakland's population. While maintaining that veterans have no special needs, it is ironic that when funds are allocated from Washington for veteran's programs, the City of Oakland, instead of utilizing the funds within the community, where direct services can occur, creates a program with the majority of the funds going into salaries and no direct services to the community. In coordinating the program, the Black Veterans Association, which has received a Resolution of Merit from the Oakland City Council was ignored as a service provider in the coordination chart. Included in the chart was a veterans organization that does not serve Oakland veterans. This is happening in Oakland at this very moment.

The question to be asked of this committee is when programs can receive funds that are flexible enough to develop viable services, why isn't the community served? When there exists 30 million dollars in unexpended HIRE II funds at DOL, the Black Veterans Association and other community-based programs throughout the nation have to rely on meager CETA funds with its regulations and restraints that limit severely the quality of the service received in the community.

Summary and Recommendations

In closing, the Black Veterans Association feels that an investigation is in order to assess the effectiveness of programs funded through the Department of Labor, in terms of their ability to reach those with the greatest need.

Efforts should be made to channel funds directly into the community. We, respectfully, request information on the status of the unexpended HIRE II funds and any other funds that can be made available to continue services in Oakland's communities.

The sentiment in Oakland toward veterans, while on the surface may seem favorable, is characterized by non-veterans designing veteran's programs and benign neglect on the part of those who are in position to create a change.

With the nation approaching a new decade, the atmosphere, internationally and nationally, carries rumors of wars, unemployment, depression, and racial unrest. The eighties represent a challenge to us as a nation. If we neglect so large a segment of our society, we will forever pay the consequences.

STATEMENT OF BROADUS PARKER, PRESIDENT, BLACK VETERANS ASSOCIATION

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With the Nation approaching a new decade, the atmosphere, internationally and nationally, carries rumors of war, unemployment, depression and racial unrest.

The eighties represent a challenge to us as a Nation. If we neglect so large a segment of our society, we will forever pay the consequences.

Also, how can we in good faith think that we can call young people, men and women, into another confrontation when we have not taken care of our veterans now from any of the preceding wars.

And the Black Veterans Association goes on record against the draft. And what I have in front of you, Mr. Chairman, is bad pieces of paper that one CETA worker is trying to do. When will these be finished, in the year 2000? What are these people going to do while these are being processed? What are they going to do? How long are veterans going to be prostitutes for the Government? How long is it going to take?

Are we going to have to survive by whatever means necessary? Is that what we're going to have to do, Mr. Chairman?

I thank you.

[Applause.]

Chairman EDWARDS. Well, we thank you very much.

Our next witness, part of the Panel of Community Veterans Organizations, is Ms. Ina Ramsay, Administrative Director, Veterans Assist-

ance Center. Your written statement will appear at this point in the record.

[Statement follows:]

STATEMENT FOR CONGRESSIONAL HEARING ON PROBLEMS OF VIETNAM-ERA VETERANS, VETERANS ASSISTANCE CENTER

The Veterans Assistance Center, Inc. (VAC), in Berkeley, is a community-based organization, providing direct services to veterans and eligible dependents. The agency is funded by CETA to assist the above groups in obtaining full-time, unsubsidized employment. In order to support veterans in their transition to civillian employment, the following ancillary services are provided: Discharge upgrading, disability claim preparation, VA benefits counseling, readjustment counseling, veterans advocacy and supportive services. During the past year and one-half, the agency has serviced over 1300 veterans.

The majority of clients utilizing services at the VAC are experiencing multiple problems. These problems include physical disabilities, limited educational and employment skills, psychological readjustment problems, drug/alcohol addiction, less-than-honorable discharges, incarceration, etc. Statistics could be produced and client statements solicited conjointly with each of the forestated problems to demonstrate their severity and, hopefully, this information will be obtained during this hearing. However, the VAC will direct its primary attention in this hearing on an area of concern which greatly impacts upon the effective delivery of quality services to veterans for the problems stated above.

The major groups which have historically provided services to veterans include community-based veteran organizations, the Veterans Administration, and traditional veteran service organizations, i.e., VFW, DAV, etc.

Community-based veteran organizations (CBVO's) are a fairly recent phenomenon, insofar as their philosophy, methodology and profusion singularizes. They were generally started by veterans who were displeased with services that were provided them by the V.A. and traditional veteran service organizations. The VAC is a CBVO and will naturally reflect the biases that are involved when one heartily believes in one's own endeavors. However, even with the biases set aside, there is a fairly general concensus regarding the merits of CBVO's. Such organizations are generally storefront, informal operations, where the rigidity of bureaucratic policies and procedures is noticeably absent. The CBVO's provide an alternative to veterans, especially Vietnam veterans, who are reluctant to utilize the services of the VA. Due to the grass-roots orientation as well as the size of these fairly small operations, they are generally more flexible and responsive to needs and changes than larger bureaucratic organizations. The persistent clamor of CBVO's is in good part the reason that attention, though reluctant and limited is now being given to the need for psychological counseling and the Agent Orange issue.

The majority of CBVO's are funded through CETA and do not receive any financial assistance from the Veterans Administration. (It is ironic that the VA has provided minimal support to CBVO's, and yet, the VA is now attempting to emulate the very approach, structure and orientation of CBVO's in their newly implemented outreach program. Rather than utilizing an existing viable network of community organizations which is already established, the VA is setting up an "alternative system to the alternative system" which is already extant.

Scarity of funding that CBVO's receive from CETA makes it extremely difficult to provide quality services as are mandated in the April 3, 1979 DOL regulations. In our experience with Prime Sponsors, i.e, city of Berkley, city of Richmond, and Contra Costa County, they do not afford programs a level of funds whereby mandated services can be provided and, to our knowledge, the DOL has not with any force and effect, required the Prime Sponsor's to comply with the regulations.

Exemplary of the problems of CBVO's during the funding cycle of fiscal year 1979–1980 is the VAC. The CETA Administration in the City of Berkley recommended to the local planning council that the VAC's budget be cut by 30 percent for fiscal year 1979—1980. VAC was already struggling to function with an 18 percent budget cut levied in the prior fiscal year. The primary reason offered by CETA Administration for this recommendation, almost singularly directed at the VAC, centered around the VAC's supposed greater level of funding as compared to other job placement agencies. However, the DOL Federal Regulations

clearly outlines the mandate for services to be provided to Vietnam veterans as a special target group. The mandated services include education, employment, training, outreach, job placement, veterans benefits counseling, and personal readjustment counseling. With a further 30 percent budgetary slash, should it have been sustained, the VAC could not provide the extensive services necessary to prepare veterans for employment and, consequently, the City of Berkley would be even less in compliance with the delivery of specialized services as cited in the federal regulations. Throughout its operations as a Prime Sponsor, Berkley has never fully complied in providing preference or services to veterans and apparently DOL Regional has never either cared to do so, or has not been able to compel compliance.

To our knowledge, the federal regulations do not require that other significant segments receive the broad range of services that have been outlined for Vietnam Veterans. Therefore, a comparison of the VAC's budget with other job placement agencies is inappropriate as the provision of services is not comparable. The regulations also outlines the need to provide *increased* service to veterans. The most noticeable change in the regulations is the requirement for personal readjustment counseling. From our viewpoint, it is incongruent that DOL would require the provision of additional services to Vietnam Veterans as a special target group, while prime sponsors reduce funding levels nationwide at a scale which is not sufficient to minimally meet those needs.

Further representative of a prime sponsor that is not implementing veteran programs that will reflect the intention of the CETA regulations is the city of Richmond. Richmond chooses to subcontract with the State Employment Development Department (EDD), to provide services to veterans. EDD is a state agency which serves as a pool for area job listings and refers individuals to these jobs We cannot emphasize strongly enough that the problems experienced by Vietnam Veterans have a significant, impacting effect on their employability and employment retention capabilities. Referrals to jobs, as practiced by EDD, is not enough!

Intensive employment counseling, readjustment counseling and support are necessary to prepare the client so that s/he can handle employment. In addition to facing the readjustment problems of all veterans, there are a significant number who must face the double weight of being both a Vietnam Veteran and a minority in endeavoring the hard task of reintegrating into society. Military records must be obtained, medical problems handled for disabled veterans, less-than-honorable discharges upgraded, etc., etc. All of the above procedures are required because of the unique needs of the veteran, especially minorities, and the barriers that the Vietnam experience presents to readjustment.

Any prime sponsor who purports to service the needs of the Vietnam veteran by contracting with state employment services are not in compliance with CETA regulations.

National, state and city polictícans continually emphasize the importance of obtaining community input regarding the expenditure of federal monies and in general laud the merits of community-based, grass-roots organizations. However, in reality when federal funds are dispensed, too frequently the recipients are "sacred cow" bureaucracies who attend to human service needs with disinterest, lack of knowledge, and no personal commitment to deliver quality services to the persons they are charged to serve. Two examples of this repeated phenomenon are the D.V.O.P. and Hire II programs. In the Berkeley community, both of these programs were placed within the offices of the state employment service. Effective implementation of the programs became bogged down in the bureaucratic machinery and the veterans, for whose needs the programs were structured, did not reap the benefits. Somehow, the funds and provision of services gets lost within the organizational system and the only real "benefit" that is recognizable is that another bureaucracy has been perpetuated. In our contacts with varied D.V.O.P.'s throughout the state, their complaints are almost totally uniform: they are not allowed to function in the capacity for which they were hired; they are stalemated in the local employment service offices in "outreaching" to disabled veterans, they are treated in a disparate manner to the regular state employees; too often they are made to perform regular state employment service jobs. The result is that disabled veterans get minimal benefit from this federally-funded program.

This agency was contacted last year by EDD and informed that additional Hire II monies had been received and solicited client referrals from us. VAC referred 10–12 veterans with disappointing results, the bottom line being that these veterans were told in orientation session that EDD had received this

money, that they had to spend it fast so they would be eligible to get more money next year, and the veterans should go out, find their own jobs, and then get back to EDD who would then send out a contract writer to write up an OJT contract! The whole premise of Hire II was to locate employers who would be willing to hire the unskilled, long-term unemployed, on a subsidized OJT basis. If it was felt that these individuals could find such employers, then why Hire II? Veterans with educational entitlement can already do this through the State Apprenticeship Board! Attached are letters and/or statements we received from our clients who went through this procedure.

The concern regarding the federal allocation of monies to existing bureaucracies is of particular importance at the present. With the very real chance of even deeper cuts in the CETA allocations for next fiscal year, it is imperative that CETA monies be utilized in the most effective manner possible—and the predilection for funneling monies to existing bureaucracies to reap unfruitful harvests, must be curbed. It is vital that Vietnam Veterans receive comprehensive services in order to successfully transition into stable, productive lifestyles. However, much too often, CBVO's which provide comprehensive services are phased out of existence while the sacred cows are maintained.

In summary, CBVO's provide a viable alternative service module for Vietnam Veterans who are averse, or inaccessible to utilization of the V.A. In an informal, personalized setting, comprehensive services can be provided to veterans in a one-stop staging. The Department of Labor has recognized in its CETA regulations, the importance of providing comprehensive services to veterans and has provided the access for Prime Sponsors to subcontract with CBVO's. Nonetheless, Prime Sponsors do not comply with the DOL regulations regarding the provision of services to Vietnam Veterans. Two major methods by which Prime Sponsors undermine the intent of the CETA regulations without flagrantly demonstrating non-compliance are: (1) to fund CBVO's at such minimal levels that quality or comprehensive services cannot be provided to Vietnam and disabled veterans and, (2) to fund existing bureaucracies which do not provide comprehensive services to veterans. To rectify this malfeasance, Prime Sponsors must be made to comply fully with DOL regulations and should turn to contracting with institutionalized agencies only when viable CBVO's do not exist within the Prime's community. Another possible mechanism is that DOL allocations for veteran services should not be placed at the discretionary disposal of Prime Sponsors, but instead by direct grants to community service providers of proven effectiveness and viability.

The second organization which provides services to Veterans is the Veterans Administration. As is well known, the V.A. is one of the largest bureaucracies in in the country. With this "distinction" comes all the problems of rigidity, impersonality and inefficiency that is associated with bureaucracies. This is not to say that most of the individuals who work at the V.A. are not competent, concerned persons, but rather that the behemoth structure of the V.A. diminishes, if not entirely prohibits, the efficient provision of services. Unfortunately, a mammoth organization develops a structure that provides convenience to the organization, rather, than to the clients it serves.

To cite a few examples: First, there is the problem of obtaining information from the V.A. It is often stated that the Freedom of Information Act prevents the V.A. from divulging information of a personal nature over the phone. This being the case, it would seem that we are bound to a system of relying on written communication, much to the detriment of the client. On the average, it takes ten days to three months (depending on the nature of the problem) to get a response to a letter written to the V.A. This situation is critical in matters related to the payment of pensions, education and medical benefits. Veterans can be barely existing for months without a source of income or other crucial needs while the wheels of the bureaucracy slowly churn on.

Further demonstration of impersonality and rigidity of the V.A. lies in the practice of "stopping payment" on benefits *before* the veteran or dependent is notified as to cause and action. Many times payment is stopped because of incorrect information which could easily be corrected or verified before payment is stopped or services terminated. Once a benefit is terminated, the "burden of proof" rests almost entirely with the veteran. When the veteran has an explanation or information required by the V.A., s/he is encouraged to correspond by mail, and thus the wait begins before the situation can be rectified.

The V.A. often notifies veterans of transactions which will effect them adversely, using terms and phrases which are absolutely meaningless to the client. If the

client does not understand what has been written, they are left with two alternatives. One, they can call the V.A. whereby they will likely not be able to obtain any information due to the Freedom of Information Act. Or, they can write to the V.A. and wait for a response. The net effect is the same—the client will have to suffer the consequences of the V.A.'s long response time.

An example of how the V.A. appears to be set up for its own maintenance rather than for the convenience of clients is reflected in the appointment procedure for medical examinations. As a matter of routine, the V.A. sends out appointment times to veterans based on the available time slots at the V.A. facility. The client is expected to adjust his/her time to the V.A.'s schedule, rather than mutually working out an acceptable appointment. This practice reflects the V.A.'s expectation that veterans who need services are older and retired. For the younger, working Vietnam veteran, this system is inconvenient and a burden. A similar problem exists in the VARO; it is not possible to arrange an appointment time to see a counselor. Therefore, the veteran must go to the office and wait (clinic style) until a counselor is free. Again, for the younger, working veteran this is an inconvenience and could be costly, in terms of lost wages.

Another example will be recited to demonstrate the problem of dealing with the V.A. This instance does not involve the problems encountered by clients but rather, describes a very slow, frustrating experience that the VAC has had with the V.A.

In accordance with 38 C.F.R. (14.628(c)), the V.A. has liberalized the accreditation regulations for organizations which desire to serve as claims representatives for veterans. As explained in a press release dated February 21, 1979, Max Cleland stated "the new policies open the doors for more groups, both large and small, to represent veterans in the preparation, presentation, and prosecution of claims for benefits. Any organization that can demonstrate a substantial service commitment to veterans will be welcome by the V.A."

On April 17, 1979, the VAC made application to the V.A. for recognition pursuant to the liberalized regulations. On October 22, 1979, VAC received correspondence from the Office of General Counsel, denying our request for recognition. On December 5, 1979, the agency corresponded to the General Counsel to address the limitations he perceived which precipitated the denial.

The VAC has not received further correspondence from the Office of General Counsel. Approximately *one year* has elapsed since the original application was submitted and at present, the VAC is no closer to serving as a claims representative than a year ago. While we will not here discuss the merits of why the VAC should be granted recognition, this example is only cited to look at the process by which the V.A. has related to the VAC. It is clear indication of how slow the V.A. bureaucracy operates. The frustrations that this agency have felt in dealing with the V.A. can only be magnified by Vietnam veterans who already feel as if they have been abused by the military-governmental structure. We must emphasize that this is *not* an isolated case of how slowly the V.A. responds, but it typifies the V.A.'s general method of operation.

The foregoing will also clearly demonstrate the V.A.'s nonsupport of community-based organizations. Although the V.A. Administrator stated that veteran organizations will "be welcomed" as claims representatives, this is, in practice, not true. Self-help organizations and the V.A. have often, regrettably, been in adversary positions in the past. It would appear that the V.A. intends to (liberalized regulations or no) continue to restrict claims representative status to those organizations who throughout the years have established a "fraternal" bond with the V.A., and therefore deny "traditional adversaries" access to this "privilege." (The notable exception is the recognition of Swords to Plowshares who, we point out, were the successful litigants in the lawsuit against the V.A. to overturn this exclusionary stance on its part.)

Finally, we will speak on the Vietnam Veterans Civic Council (VVCC) formulated under the auspices of the V.A. for the stated purpose of being . . ."better able to identify local needs of Vietnam veterans as well as to pinpoint issues that should be brought to the attention of our Central Office as well as other agencies and individuals" and further, "The entire range of VA programs, services, and facilities will be open for discussion and recommendations." Local CBVO's together with representatives from the Department of Medicine and Surgery, Department of Memorial Affairs and Department of Veterans Benefits were included in this group. There has not been a meeting in almost a year. The chairperson of this group was a former staff member of this agency. When VARO was

queried as to establishing further meetings this agency was told they were waiting until our former staff person could be contacted to see when he would be available. If actively pursued by VARO, this agency feels the VVCC could at some point become a viable vehicle for resolving some of the differences and complaints of CBVO's and the V.A. Again, however, we are still apparently awaiting the availability and continued interest of the Chairperson who now works for the federal government and may not at all have any further interest in this group.

The VAC recognizes that criticism without constructive suggestions is functional for releasing anger, but is not particularly helpful for effective change. We also recognize that trying to change bureaucracies is a task that has plagued societies for ages. Recognizing both of the above factors, the VAC will propose some suggestions which we earnestly feel could conceivably improve the quality of services that veterans receive:

(1) It appears that the administration and dispensation of medical care must continue to be housed under the V.A. for administrative reasons. Regrettably, this means that the delivery of services will continue to be slow at best, and impersonal and inefficient at worst. However, problems could be minimized if the V.A. decentralized the payment offices. If emergency funds could be located at the Regional Offices, individuals who are dependent on V.A. payments could conceivably have a shorter "wait time."

(2) Throughout this paper, VAC has emphasized the problems that are inherent in bureaucracies. It is apparent that large organizations do not provide quality human services. These services in the V.A. include employment counseling, readjustment counseling, discharge upgrading, disability claims preparation, V.A. benefits, etc. We believe the interests of veterans could best be served by adoption of the following recommendations:

(a) The V.A. should outstation staff in CBVO's to provide services in a small, informal setting.

(b) The V.A. should subcontract with viable CBVO's to provide services to veteralns.

(c) Congress should not appropriate new monies to the V.A. to provide human services to veterans. Rather, the funds for such services should be channeled through other federal agencies, i.e., DOL, HEW, etc., and be opened to CBVO's through an RFP process.

The Veterans Assistance Center appreciates the opportunity to participate in this hearing and on behalf of all Vietnam Veterans, would like to thank the Congressmen and other participants for the time and attention devoted to their concerns. It is hoped that the information and findings arising out of these hearings will be given serious consideration in the legislative process.

Respectfully submitted,

VETERANS ASSISTANCE CENTER, INC.,
INA RAMSAY,
Administrative Director.

STATEMENT OF INA RAMSAY, ADMINISTRATIVE DIRECTOR, VETERANS ASSISTANCE CENTER

Ms. RAMSAY. Thank you, Mr. Chairman, and members of the committee.

The Veterans Assistance Center is located in Berkeley. We provide a number of services that you have heard that other community-based organizations also provide.

You have heard a lot of problems of Vietnam era veterans and you are going to hear more, I am sure, throughout this hearing.

I would like to just reiterate some very important points that are very important to community-based organizations.

As Mr. Jones of Swords to Plowshares pointed out, there is a very concerted effort to decrease the amount of funds that are allocated to community-based organizations to provide services.

I think the members of this committee should realize that CBVO's, Vietnam veteran groups, are those groups that formulated and articulated the problems and the needs of the veterans.

They have by volunteer effort or whatever else it took to get by and get the word out—have placed before the country these special unique needs of the veterans. They have been doing the work up to this time, in good part.

Community-based veteran organizations are a fairly recent phenomenon, insofar as their philosophy, methodology and profusion singularizes them as opposed to other traditional organizations. They were generally started by veterans who were displeased with services that were provided them by the VA and the traditional veteran service organizations.

The VAC in Berkeley is also a CBVO and will naturally reflect the biases that are involved when one heartily believes in what one is doing.

However, even with those biases set aside, there is a fairly general consensus regarding the merits of CBVO's. Such organizations are generally storefront, informal operations where the rigidity of bureaucratic policies and procedures is noticeably absent.

We provide an alternative to veterans, especially Vietnam veterans, who are reluctant to utilize the services of the VA. Due to the grassroots orientation as well as the size of these fairly small operations, they are generally more flexible and responsive to the needs and changes than larger bureaucratic organizations. The persistent clamor of CBVO's is in good part the reason that attention, although reluctant and limited, is now being given to the need for psychological counseling and the Agent Orange issue.

Getting back again to the decreased funding, I would like to just kind of stress what would happen to us. We are totally CETA funded. Prior to this fiscal year, we were threatened with a 30-percent budget cut. This is above the cuts that were projected or recommended for any other group within our prime responsibility.

The primary reason set forth for this recommended 30-percent cut was that our agency received a larger funding share than other organizations. This is just regarding the recommendations in the Federal regulations for a wide variety of services to be provided to the Vietnam era veteran which is not provided for by the target groups. With a 30-percent budget cut, we simply could not provide those kinds of services, and this is on top of an 18-percent budget cut from the prior year. You simply can't provide comprehensive services which are very much required by Vietnam era veterans who have gone through all the problems that you have heard of today.

You simply cannot do it by referral. It just can't be done. As I have listened to the makeup of the VA outreach program, it appears to me that most of what they are doing is a referral service. I wish them luck because the end result of what we all want is quality service and help for that Vietnam era veteran.

I just don't think, though, that simply referral is going to do it. The veteran just can't take any more of being referred here and referred there.

Another thing I would like to point out regarding not just the funding itself, but effective use of funding, applies to the way funds for special programs are allocated. Again, I will use Berkeley as an example. Our HIRE II funds in Berkeley were issued to our local EDD office. They were not put out for bids. The result has been minimal,

very minimal. We have sent veterans there to get services and they have come away with nothing.

In the last funding cycle that occurred, they were given HIRE II funds to provide OJT for veterans. We were contacted by them and asked to send in some veterans to use this last-minute money they had. We rounded up with a notice—we had about 10 or 12 veterans and we sent them down. The results were very disappointing. Basically, they came back with the same story. They were all pulled into an orientation. They were told that EDD has got this money and they've got to use it up fast so they can qualify for money next year. The veterans were told to hurry up, get out, seek their own employer, come back, tell EDD and they will send somebody out to write up the contract.

HIRE II is to help veterans who cannot find their own employer. So if they are going to send him off to do it, who needs it?

Another program that's been, I think, an abysmal failure is the DVOP program. We've talked to various DVOP personnel throughout the State that are stationed in the local EDD offices. We have word from them of lack of cooperation from the administrative arm of the local EDD offices. They are not allowed to do the outreach that they were targeted to do. Therefore, the disabled veteran just doesn't get what he is supposed to get out of that.

And the quality of services that have been derived from whatever monies that have already been provided is—it's really shoddy, I believe, to a great extent.

And at the end I think, you know, you are going to hear a lot more testimony from other people on the different needs and all that, and I won't carry on with that again.

I would like, though, to make one point which I hope that the country will keep in mind as they look at the problems of the Vietnam era veterans, which is that this Nation has miserably failed.

We plunged them into a war that neither soldier nor civilian understood or could righteously defend, to experience a strange guerrilla war that warped their sense of self, society, and their fellow men. For too many of them, the world will never be the same again.

Because we as a Nation have not fully accepted our responsibility to restore these veterans socially, economically, and mentally, many of them right now are at a stage in life where whatever belated efforts we might take will be at best remedial and more than likely unusable.

And still, despite all the rhetoric that goes on, this Nation has never made a very strong concerted effort to fully look at these veterans, acknowledge their valor, their service, or their needs. They are an embarrassing reminder to us of a time that we would like to forget. And by our action, we have succeeded in creating a legion of very real Vietnam refugees in their own homeland.

But they are here, they are ours, and we do need to do something for them. Now the drums are being beaten for a reinstitution or registration for the draft. I think it is very critical that we make a very careful assessment of what we have done in Vietnam. We must take this step now before we manage to do it again.

Thank you.

Chairman EDWARDS. Thank you very much, Ms. Ramsay.

Representing the California Veterans Coalition, we have two witnesses. We have the president, Mr. Prentice Wysingele and Mr. Charles McCormick.

Mr. McCORMICK. Yes, sir.
Chairman EDWARDS. We welcome you——
Mr. McCORMICK. And Mr. Ward is here, also.
Chairman EDWARDS. We welcome you, too.

STATEMENT OF PRENTICE WYSINGELE, PRESIDENT, CALIFORNIA VETERANS COALITION

Mr. WYSINGELE. Mr. Chairman, Congressman Ron Dellums, my speech is going to be dealing with one project. I thank you for permitting me to testify on this.

It's a matter of our 100,000 lost Vietnam veterans, titled "Project 100,000". This was implemented by Robert McNamara, Moynihan, and President Johnson in 1966.

I attended a meeting with an EDD officer on February 16, 1978—on January 26 that was. I got a memo here from the Department of Labor which states:

Wysingele was a self-invited participant and arrived late. Bill Becker opened the meeting stating that the purpose was to resolve certain problems being created by Wysingele in dealing with EDD staff.

There had been several complaints that he had demanded lists of Federal contractors, insisted only veterans be referred to these job openings, and that employers be told they had to hire veterans. Also, he had allegedly been abusive to some staff members.

That's Olin Belton's statement:

Olin Belton stated that Wysingele's tactics were having a most adverse effect on his efforts to serve veterans, and that he would not tolerate it. And that, if necessary, he would do his best to have the project defunded.

That was in January 1978.

On January 24, 1979, I wrote the Veterans boss Mr. Davies, VES:

This communication is forwarded to you in respect of our recent executive telephone conversation. In that conversation I specifically asked you to address the core manpower problems of Vietnam-era veterans.

And that problem being the identification of what is a special veteran. According to CETA law, a special veteran is anyone who served in the waters of Indochina during 1964 thru 1975.

During the course of manpower history in America since 1962, there has been many ambiguities in terms of crystal clear definitions being assigned to target groups. Federal law calls for the regional administrator to monitor local prime sponsors in regards to their program responsibility. Also, your office is required by law to assist the regional administrator with respect to veterans matters.

Therefore, this organization, California Veterans Coalition, Inc., is requesting of you within an adequate period of time that you immediately begin to compile base data on just how many Project 100,000 veterans have been serviced by CETA prime sponsors in region IX since the inception of the Comprehensive Employment Training Act being actualized in cities and counties as public jobs program.

Be acknowledged that this request is a very professional and sincere matter. Because, as you are quite aware, service to America means further civilizational progress. Very truly yours, Prentice Wysingele, Jr., Chairman of the Board.

This is the response I received from this letter, from Mr. Belton:

Mr. Wysingele: Your letter of January 24, 1979, to Mr. William Davies, regional director of Veterans Employment, U.S. Department of Labor, was forwarded to my office for response.

In regard to your first question concerning the identification of a "Special Veteran," I present the following taken from the Federal Register dated Friday, June 25, 1976: "Special Veteran" shall mean, "an individual who served in the Armed Forces in Indochina or Korea, including the waters adjacent thereto,

between August 5, 1964, and May 7, 1975, who received other than a dishonorable discharge."

In regard to your second request concerning the compilation of data on the number of project 100,000 Veterans who have been serviced by CETA prime sponsors in region IX, my answer is we do not have such information.

To my knowledge, there are no statistics kept specifically on the status of Project 100,000 veterans immediately available, in particular as it relates to CETA participation either local or national.

If, however, at some time in the future information pertaining to the status of the Project 100,000 Veterans is established, our office will be pleased to provide you with same.

Thank you for your concern for the unemployed Vietnam-era veterans, and I hope this letter will be of some help to you and your program. Sincerely, Olan Belton, Assistant to the State Director for Veterans Employment.

At the time I wrote that letter, I had documented proof that there was Project 100,000 veterans. In fact, I trained in them when they first came in 1966. I called the Department of Defense and asked them about it. They told me that they had transferred it to the Department of Labor but they didn't keep statistics on them. It would not be cost-effective to even locate those people.

These people were promised a special program when they drafted them into the Army. That never happened. I got proof from Ralph Nader, and this is it:

The military press reported that career officers were disturbed about the prospect of an influx of low-aptitude recruits, and the Army Times editorialized, "Are the services likely to get any reasonable mileage from such people? Past performance indicates not. Is this any time to require the services to take on a large scale 'poverty-war' training mission? We would think not. The services more than have their hands full with the fighting war."

Not all military men shared that view. One Army officer interviewed by the New York Times insisted that rejects would not degrade the service. "These men make the best infantrymen, mortarmen and mechanics. Practically all will do their best to do a good job. I'd prefer a company of riflemen with fifth-grade educations over a company of college men anytime."

And that, of course, was exactly the choice the Pentagon had made.

"The reduction in mental standards," the New York Times reported in October, "will probably ease the pressure now building up, because of the manpower demands of the Vietnam war, to begin inducting college students who are currently being deferred."

Despite McNamara's glowing announcement, which made it seem as if the poor were being sent off to school instead of to war, Project 100,000 soldiers were not about to be assigned to training in the 1,500 professional skills the army offered.

For while the Defense Department had reduced aptitude requirements for entering the military, it had no intention of similarly reducing requirements for technical positions within the service.

Hence the majority of "New Standards Men" would be barred from the kind of training which McNamara said would "reverse the downward spiral of decay."

The result was reported in the Air Force Times: "According to Defense officials, about 25 percent of the occupations in the military are suitable for the Project 100,000 men."

The lead occupation which might be expected, was combat. In the military as a whole today, 14 percent of all personnel are given combat roles. The rest draw support assignments of one sort or another. But among the New Standards Men, the proportion going into combat proved to be 37 percent.

Although the Pentagon has compiled and released voluminous statistics on Project 100,000, it has quite inexplicably ommitted data on the casualty rates and combat deaths of New Standards Men relative to other soldiers.

Pentagon officials deny that the casualty rates for Project 100,000 soldiers were disproportionately high. One must assume in that case that since they were two to three times as likely to go into combat as other soldiers, New Standards Men were two to three times as lucky in avoiding bullets and booby traps.

After the infantry, the next most frequent assignment for "100,000" soldiers was service and supply handling. According to a Pentagon study, 20 percent of

the men fell into that slot. While 7.5 percent of personnel in a control group were assigned to electronics equipment repairing, among New Standards Men the proportion was 1.4 percent.

The new soldiers did fairly well, however, in the area of electrical/mechanical repairing, auto service, telephone installation; 16.8 percent drew those jobs. The proportion in the control population was 22 percent.

The promise that McNamara and Moynihan had held out was that Project 100,000 would enable young men with limited education and small resources to acquire skills transferable to civilian life.

The proportion who actually did acquire skills in the military has probably been rather small. As mentioned earlier in Chapter 1, a survey of "socially and economically disadvantaged" Vietnam era veterans conducted by the Bureau of the Budget in 1969 found that only 12 percent of the employed veterans had used military-gained training or skills since separation.

But of course, as Moynihan might point out, such crude statistics tell us nothing about the number of Negro youths who may have profited from the experience of living in an all-male environment.

Nor do they suggest how many have suffered. With the escalation of the Vietnam War, black attitudes toward the military underwent a remarkable transformation.

Initially the black community looked with pride on the achievements of its soldiers, but increasingly civil rights leaders began to note that blacks were suffering a disproportionate number of casualties, that the war distorted national priorities, and that American attitudes toward the Vietnamese—as exhibited in such practices as "free-fire" zones and pacification camps—were nothing but a reflection of the same racism blacks suffered at home.

Support for the war plummeted in the black community and black re-enlistment rates dropped by 50 percent between 1966 and 1967. Indicative of the changing sentiment was a speech by Martin Luther King at Riverside Church in New York City in April 1967:

"We are taking the young black men who have been crippled by our society and sending them 8,000 miles away to guarantee liberties in Southeast Asia which they had not found in Southwest Georgia and East Harlem. So we have been repeatedly faced with the cruel irony of watching Negro and white boys on TV screens as they kill and die together for a nation that has been unable to seat them together at the same school. So we watch them in brutal solidarity burning the huts of a poor village, but we realize that they could never live on the same block in Detroit."

As the statistics on Project 100,000 began marching into the Pentagon through the late sixties, official statements began rolling out acclaiming the program an unqualified triumph.

"The plain fact," Robert McNamara told an audience in Denver in November 1967, "is that our Project 100,000 is succeeding even beyond our most hopeful expectations."

McNamara noted with pride that the new men were completing basic training at a rate of 96 percent, only 2 points below other recruits. He made the best of the fact that no special training had been offered. "I have insisted," he declared, "that these men should never be singled out or stigmatized as a special group."

McNamara predicted that on their return to civilian life, the earning capacity of Project 100,000 men Yould be two or three times what it would have been had there been no such program.

No study before or since that speech supports his prediction. Data reported in 1970 by the Gates Commission, which examined the problem of a volunteer army, indicate that military service has no measurable impact on subsequent lifetime earnings. These findings, of course, contradict the basic assumptions of Moynihan's report and McNamara's public statements.

Project 100,000 men were never informed who they were. The decision to keep their identity confidential probably did help the men's self-esteem, as McNamara contended. Many soldiers referred to the group as the "moron corps." But the result was that they never received the special training that was promised, and never will receive any marked attention from the Veterans' Administration.

While Project 100,000 soldiers were absorbed into the regular training system, they had the opportunity open to all servicemen to enroll in voluntary educational programs offered by the Defense Department.

The Pentagon has released statistics on the experience of the first 3 years of the program. In that period 246,000 New Standards Men were accepted. Of this number, 19,000 were medical remedial cases (men with correctible physical problems) while 225,000 were admitted under the reduced mental standards.

According to the Pentagon's records, 12,632 completed reading courses in the Army, 2,019 in the Navy and 2,554 in the Air Force. In other words, approximately 7.5 percent of the New Mental Standards Men received remedial education.

These courses, which were aimed at raising soldiers to a fifth or sixth grade reading level, lasted 6 to 8 weeks. Everyone graduated, whether or not they passed.

What I'm saying is they promised these combat vets this, they promised the veterans this and they did not even have a program. When I went over to EDD to ask them why, when I went over to Mayor Wilson to ask them why, they didn't know what I was talking about. That's why I wrote this letter. Since 1966 these men have never been served because they don't meet the criteria for training schools

Chairman EDWARDS. Thank you very much, Mr. Wysingele.

Mr. McCormick, you may proceed. Mr. McCormick is also an officer of the California Veterans Coalition.

STATEMENT OF CHARLES McCORMICK, CALIFORNIA VETERANS COALITION

Mr. McCORMICK. Good afternoon, Mr. Chairman, Mr. Dellums, distinguished members of the subcommittee.

For years an argument has raged over the degree to which veterans of the Vietnam war have succeeded in becoming reintegrated into civilian life. Assumptions of success based upon dubious statistics have been used by Congress as well as by the Nixon/Ford and Carter administrations to justify a business as usual approach in dealing with Vietnam veterans problems.

In essence, the Government's position was that service in Vietnam was not a significant factor in determining how well, or how badly, a veteran fared once back in civilian life. To acknowledge anything else would have forced the Government to provide special services for those who actually served in Vietnam.

To resolve this dispute, the 95th Congress in November 1977, passed legislation directing the Veterans' Administration to contract for an independent appraisal of how well Vietnam era veterans have adjusted. The first segment of this appraisal has recently been completed by the Center for Policy Research of New York City. It is based on information collected in 1976 and 1977 from 190 veterans and a control group of 190 nonveteran peer living in the Northeastern United States. Also data is now being collected for the Western and Southwestern part of the United States as well. The early data indicates that men who fought in Vietnam are more likely to have social and psychological problems than those who were in service but did not go to Vietnam.

For example, in the important area of education, the center's report notes that approximately 70 percent of the veterans in the study population have utilized their educational and training benefits at some point.

Veterans who were not in Vietnam have higher utilization rates than those who were, white veterans have higher rates than black veterans, and those who attended college prior to entering the military have higher rates than those who did not. In other words, according to the report, nonveterans are more likely to have achieved a higher educa-

tional level than are veterans. This negative impact appears to be strongest among those with service in Vietnam.

Perhaps the most revealing aspect of how well the GI Bill met the needs of Vietnam veterans is shown in the fact that an overwhelming majority of the veterans worked full time while attending school. As the report notes, the pattern of part-time school attendance among this generation of veterans is an important finding. In my opinion, it suggests among other things that the nonsense peddled by Congress and successive Presidential administrations about equity between the World War II GI Bill and that for Vietnam veterans is just that—nonsense. We have long argued against the current GI Bill's inequities and the unnecessary social and economic losses it fosters.

Now, at last, independent data is in hand that confirms the belief that Vietnam combat veterans have been given a very unfair and raw deal. But it remains to be seen whether the Congress has the courage to right this wrong to Vietnam veterans.

In the areas of social, psychological, and psychiatric adjustment, the center's report confirms what anyone who has had firsthand experience in these areas knows; namely, that Vietnam veterans, and especially those who were exposed to heavier combat, appear less well-adjusted on a range of social, psychological, and psychiatric indexes than either comparable Vietnam era veterans or nonveterans. We feel that the center's report goes a long way in laying to rest the politically inspired, self-serving myths about service in Vietnam.

I believe it is time for our Government to face these issues forthrightly. The Government needs to commit itself to affirmative action on behalf of those whose needs have been made greater as a consequence of their service in Vietnam. This can be done, not by a wholesale dismantling of existing veterans' programs, but rather by simple recognition of the fact that the inequality of sacrifice in war requires a special response for those whose sacrifice left them less able to pick up the threads of their former lives and to achieve parity with their nonveteran peers.

In addition, many Vietnam combat veterans are plagued with cancer and other critical health problems as a result of exposure to Agent Orange while fighting in Vietnam.

Agent Orange is the code name for the chemical defoliant used in the Vietnam war. It contains dioxin, 2,4–D, 2,4,5–T. Many scientists, including researchers at the University of California at Berkeley, believe that dioxin is the most dangerous chemical known to man. It is said to be as deadly as plutonium and far more potent than arsenic. The scientists say that exposure to dioxin in minute amounts causes cancer, nervous system disorders, birth defects, miscarriages, and skin diseases. Two of the four officers of our organization, the California Veterans Coalition, now have cancer that they believe is caused by exposure to Agent Orange.

Of course, all of these effects are disabling and make it very difficult for the veteran to keep a job, go to school, or maintain any kind of psychological well-being.

When the Vietnam veteran came home from the war, if he came home, he didn't talk about it. Vietnam veterans were not heroes. So they just came back and hid away an entire period of their lives.

The Vietnam veteran got it from the left, which blamed him for not doing what no other generation before them had ever done, that is, question the authority of one's own Government. He got it from the right, because he was the guy who lost the war, a coward, and a drug addict. He took it in silence and he took drugs and he took his own life. And he was forgotten by the very system that sent him to Vietnam to die.

According to the recent Center for Policy Research report, more than 40 percent of those who served in Vietnam are still considered to have significant readjustment problems. These readjustment problems are defined as drug and alcohol addiction, emotional illnesses, family problems, and major physical disabilities.

Of the 9,652 inpatients of Veterans' Administration hospitals, two-thirds are there for psychological/psychiatric reasons. Almost 25 percent of Vietnam veterans earn less than $7,000 a year. And the suicide rate is 30 percent higher than their nonveteran peers. There are 125,000 Vietnam era veterans in jail and another 500,000 out on bail, parole, and on probation, according to the General Accounting Office estimates.

Of the established groups, the Veterans' Administration, the Veterans' Affairs Committees in Congress, and organizations like the American Legion and the Veterans of Foreign Wars, pay heed to the areas that affect older veterans at the expense of younger men's needs.

Vietnam veterans' needs are different—very different. They need readjustment programs, counseling, jobs, job training, and an effective educational program. We have none of these. We've never had any of these. And quite frankly, I don't expect that we ever will have.

Most of the $21 billion budget of the Veterans' Administration does not go to service-related needs. Of the $6.5 billion for VA hospitals, only a fraction goes to treating service-related injuries or needs. The $4.2 billion for veterans' pension, as distinct from veterans' compensation, goes simply to those who were once in the service or to their dependents who are in economic need. The VA budget goes to all older veterans with non-service-related needs because the younger men do not have a voice in the Government.

In April 1977, a group of Vietnam era veterans from the Oakland area and the California Veterans Coalition got together to do something about these problems. We encountered much resistance from the local politicians until finally our funds were withdrawn because we were told we were troublemakers, instigators and antigovernment.

Hopefully, I would like to give, if we could, a little testimony from John Ward who is suffering from cancer that we feel is a direct result of exposure to Agent Orange in Vietnam.

Chairman EDWARDS. Thank you, Mr. McCormick.

Next, Mr. John Ward, Treasurer of the California Veterans Coalition. Welcome, and you may proceed, Mr. Ward.

STATEMENT OF JOHN WARD, TREASURER, CALIFORNIA VETERANS COALITION

Mr. WARD. Mr. Chairman and Mr. Dellums, as Mr. McCormick stated, we have a couple of officers who are suffering from cancer and Agent Orange problems. I would like to elaborate on that. I would like to talk about that a little later on with Mr. Pruitt who has that problem also along with myself.

But right now, I would like to focus on another problem. The California Veterans Coalition called for these hearings because we have uncovered a lot of mishaps and violations in the affirmative action program happening here locally.

The California Veterans Coalition charged the city government of Oakland, the State of California, and those members of the Federal Government who participated with several violations concerning veterans and citizens of Oakland, violations as follows:

Public Law 93–508, sections 403 and 503 of the 1974 Vietnam Era Readjustment Act—the legal basis for Public Law 93–508 is December 3, 1974, the Vietnam Era Readjustment Act. The law amended the Vietnam Era Readjustment Act of 1972, Public Law 92–540.

One of the notable changes was the replacement of the words "special emphasis" with the words "affirmative action" in regard to the employment of veterans. This was the legal basis of the beginning of affirmative action.

The Office of Federal Contract Compliance, Department of Labor, from June 25 issued regulations on affirmative action obligations of contractors and subcontractors for disabled veterans and veterans of the Vietnam era. They deal specifically with section 402 of the law.

The Government contracts that are included are those of $10,000 or more, and which relate to the construction and alteration of services including utilities, transportation, research, and so on.

The contractor—some of these obligations of the contractor—the contractor will not discriminate against any qualified employee applicant for employment because he or she is a disabled veteran or Vietnam era veteran.

The contractor also agrees to take affirmative action to employ, advance the employment and treat without discrimination disabled veterans or veterans of the Vietnam era.

The contractor agrees that all suitable employment openings of the contractor will be listed at the appropriate local office of the State employment center system, and to provide such reports regarding openings in hiring as may be required.

We in the city of Oakland do not have anything as such which is supposed to be a mandatory job listing. There is no such thing in the EDD office, and they wouldn't even know what I was talking about if I went down there.

Also the contractors must review their personnel practices to show that disabled and Vietnam era veterans are carefully, fairly, and systematically considered for all hiring, promotion, and training opportunities offered or available.

The city of Oakland, the League of California Cities, nobody in this area has veterans included in their affirmative action program whatsoever. The word "veteran" is nowhere in it.

I have an article here from the Oakland Tribune, and it relates to the Oakland City Council city policy that 15 percent of the persons performing city contracts will be women or women-owned firms and 40 percent should be minorities.

Well, this little thing goes on to say what they should hire as far as minorities and women and so on. But it does not mention veterans. And this was this year.

The mayor, the city council, every public official, everybody who is involved in an affirmative action program, every company in the

city of Oakland, State of California, who is receiving Federal funds is in violation of Public Law 93–508 and Public Law 93–95 which are the laws governing administration of these programs.

Everybody is in violation. Everybody has been notified. This is all documented. We have letters from everybody. For example, we called this to the attention of the Port of Oakland. They checked into their affirmative action program and agreed with our findings that they were in violation and have since adhered to changing their contract.

Alameda County has had a contract that was in violation—rather, I should say they left out the veterans. They have since changed that—their affirmative action program—to adhere to this law.

As I said, this has been brought to the attention of all the following people: city officials—we have what we call a hit list. We like to put a little humor in this. And on the hit list—I don't have it right here, I don't want to read it off. It's too long because it includes everybody. I mean everybody, the mayor, the Governor and so on. I am just—you're going to get a copy of it.

The response was so hostile that some of these officials conspired to eliminate the offices of the Cal-Vets Coalition. They succeeded in defunding the organization, which is currently under investigation by the FBI who found some discrepancies in the process that they used.

They also succeeded in blocking efforts to get funding thereafter. City officials have verbally assaulted and refused to speak with our officers and told them to leave their public offices.

All of this is because we want to bring to their attention that they're not in compliance with the law. A lot of these officials are lawyers in various walks of life. Some of their actions appear to be likened to that of Adolph Hitler.

On an occasion, vice president Louie Pruitt was called mentally equivalent of that of a grammer school student by a ranking veterans official. We thought this was quite insulting.

Public Law 93–95 governing the administrative responsibilities in the implementation of Public Law 93–508—not only are they in violation, they are fighting our efforts to gain the rights of veterans throughout the country.

The defunding of the California Veterans Coalition legally took away the right to service of most of the veterans in the area. The only veterans organization receiving funds is the Black Veterans Association, which you have heard from. It is only funded by the contract to serve only one district of Oakland—leaving the veterans of the other six districts to fend for themselves as best they can.

Because of a dependence on Cal-Vets who had serviced the entire area—not one district, the entire area, the city officials failed to investigate the circumstances surrounding the reasons for the defunding or they took an active role in contributing to the conspiracy documented. Through city council meetings and other community gatherings, this information was spread around to our civic leaders only to be sneered at and called rhetoric. That's a quote.

They do not include the word veteran anywhere in the contract, let alone giving him preference in accordance with the law. Preference, meaning he is to be first. If you are going to have any affirmative action, the disabled vet is first and the vet is second, women and minorities are third. That is what the law mandates.

A mandatory job listing is absolutely nonexistent in this city. And this was brought to the attention of local officials, only to be swept out of consideration. The employment development department refused to talk about it.

Virtually every business in Oakland, State of California, who had received Federal money or more than $10,000 is in violation of the law, and knowingly, because we have personally informed them in writing. They have responded in writing and we have all of these documents listed.

The Office of Federal Contract Compliance has given us the runaround. The Department of Labor, the VA—especially the VA—and all the bodies governing these laws from here to the White House are knowingly in violation. Documented. Charges have been filed with the Department of Justice in Washington, care of Ann Hoffman who passed it on to Dr. Miller, the Veterans Employment Service, State of California. And the Department of Labor and—we've already been through all of these doors on numerous occasions and got the runaround, as I said.

You heard the response that Mr. Wysingele got from one of the letters he read, referring to his action as being inappropriate—or rather say gangsterish, terrorist-type—to remind them that they're in violation of the law.

The effects of not being a service is that most of the public knows what kind of damage is being done. And God help them, if the vets only knew what was happening to them

And speaking of Project 100,000, I know that you already understand somewhat what happened. What they proposed to do was lower the draft requirement to allow for drafting the lesser academic and underprivileged young American citizens, send them off to battle in combat units. After all, if I can't read or write, I can't be a technician. I am only good for combat. So this is what they do with us because that's the only place to put someone who can't do this.

The troops who survived were to be retrained to help in readjustment to society. But it didn't happen like that as Project 100,000 was turned down by the Senate. Congress voted it down. That means it wasn't even supposed to be implemented from the beginning.

And these people were innocently taken away from society to be killed or kill. Of those who were fortunate enough to return, numerous are disabled due to having been wounded and/or poisoned. One cannot expect these people to benefit from the normal veterans assistance programs simply because they are not academically capable of competing with such high standards.

These veterans need special assistance. They are dealing with having been exposed to a totally different kind of war. The psychological damage produces nervous conditions that linger long after the war and especially affects those who came under Project 100,000.

After all, now they are not only below the IQ level and aptitude level to compete in society with the normal veteran, they were less than normal from the beginning because some of them couldn't read, some of them couldn't write, and so on. And academically, they're not able to even compete after they get out when the normal veteran doesn't even stand a chance.

Speaking of looking down a little bit lesser, we would say had these people been on the street and you ran into somebody with an IQ and aptitude of this sort, you tend to call him retarded because the level of IQ is just slightly under that. So they just legally skimmed getting condemned mentally retarded people in their efforts to get these warriors in the game.

The implementation of such a project to me is to commit murder. To not help them now is to sanction that continued slaughter of these veterans. After all, it's what they're doing. Some of the veterans across the Nation are committing acts of violence such as kidnapping, taking hostages, sniping and committing suicide.

125,000 vets are in prison, 500,000 on parole, and the suicide rate is 33 percent higher than the national average. All they know is how to fight and to die. They resort to drugs, alcohol and anything to fight the sickness and nervous symptoms that plague them.

I personally can testify to the pain and mental stress of discrimination by the neglect of our leaders. The Veterans' Administration hospitals all in this area—I mean, all of them—they don't even know what Agent Orange is. They don't even have any idea of what its effects are. I'm personally a witness to that.

I don't want to make my speech any longer. If you would care to discuss it later, then I would like to call Mr. Louie Pruitt up and—well, if you should like to talk to him, he can relate to that Agent Orange thing rather than in speech form.

Thank you.

Chairman EDWARDS. Thank you very much, Mr. Ward.

Our last witness on this panel of community veterans organizations is Mr. Tim Hodenfield representing Flower of the Dragon. Your entire written statement will appear at this point in the record.

[Statement follows:]

STATEMENT OF TIM HODENFIELD, FLOWER OF THE DRAGON

COMMUNITY BASED ORGANIZATIONS

We are here today to testify to the strength and healing power of the Vietnam veteran and the many community based organizations in the Bay area who operate on the simple but highly effective philosophy of "Veterans Helping Veterans to Help Themselves". The single, most powerful instrument for assisting Vietnam veterans lies within individual veterans and self-help organizations.

THE INTERNAL WAR

Combat stress reactions within the individual, even several years after the war zone has been abandoned, cannot be constructively rechanneled without some constructive form of intervention. The Vietnam War, known historically as a conflict, lives on as an internal war, a battle against psychological and physical pain. Combat-related stress disorders, as symptoms of unresolved conflict, are clinical indicators of the deeper "unofficial war" that still rages in the heart and mind of the Vietnam War veteran. As already mentioned, this psychological war carries subtle overtones that resemble the actual war that took place in Vietnam.

This war is being waged against an enemy that uses tactics similar to those used in Vietnam. The enemy that continues to haunt the Vietnam combat veterans is even more difficult to fight. It changes form, intrudes without warning, and often flares up out of dreams and stressful situations. This enemy is pain. Pain in all its many forms and disguises may be said to be the phantom enemy with which the Vietnam War veteran must contend.

This battle, however, is a better-kept secret in many ways (culturally, socially and individually) than the "Vietnam Conflict". Both have essentially become an

"unfortunate and forgettable mistake to a majority of Americans. More Vietnam War veterans have died from suicides and accidents since returning to the United States (125,000) than the total number of American deaths in Vietnam (106,000), according to the V.A. statistics. And the war still goes on. Painful wounds, both physical and psychological, remain perpetually open for hundreds of thousands of VWV.

EMPLOYMENT SERVICES

Time is running out for the Vietnam veteran. Current Department of Labor regulations bureaucratically define the veteran out of the CETA significant segment upon his 35th birthday, regardless of whether or not the war-related and re-adjustment problems have been effectively addressed. The average age of the Vietnam veteran is 34 years old.

Employment prospects in the early 1980's look dim for Vietnam veterans. Nationally, there are 511,000 Vietnam veterans looking for work. Last year, local state employment offices in Sonoma County reported more than 1000 applications for assistance. Only 73 veterans were subsequently placed in jobs.

The obstacles veterans face will be impacted by dwindling public awareness and support, the national economic climate, placement into band-aid jobs, and attitudinal and self-image problems.

The central barriers to employment have yet to be corrected in any substantive way. Studies by John P. Wilson and others clearly indicate the factors that prevent the veterans from utilizing available services: an experienced rejection and feeling of exploitation by societal institutions; dramatic loss of trust and faith for institutions; and significant reduction in fulfilling social demands.

Barriers of this nature can be best overcome and reduced through store-front style employment-counseling and outreach services as provided by community based, self-help veterans organizations. Increased emphasis should be placed on "front-end" services of vocational counseling and career identification. The CBO's insight and experience with social issues and problems of Vietnam Veterans allow the agencies to bridge communication gaps that often seem insurmountable to traditional agencies and institutions.

LIFE SUPPORT SERVICES

I. Incarcerated veterans

During and after the War in Vietnam, many returning veterans found themselves involved very seriously with the Criminal Justice System. Along with the obvious "opportunity cost" of lost time in their lives is the stigma of the ex-offender which the Viet vet must contend with when re-entering their community from prison. This is a highly compounded disadvantage for the ex-offender Viet vet as the experience of being a veteran is often disadvantageous in itself.

In California there are 981,000 Viet vets residing with what is believed to be a proportionate percentage incarcerated within the state's prison system. Up to this date there has not been a survey to determine the exact number of Viet vets incarcerated, nor are there many Action programs to assist these men in preparing to leave the prison system and reenter their communities.

Flower of the Dragon currently has one position funded through National Council of Churches for work with incarcerated veterans. Roughly 30 percent of all people on parole and 25 percent of all incarcerated persons in Sonoma County are Vietnam war veterans.

II. Veterans affairs counseling

Which include V.A. Benefits Counseling, Disability Counseling and Applications. Specifically against Agent Orange claims and requesting military records. We have an average (22) twenty-two clients per month during the past year.

III. Legal assistance

We also provide Discharge Upgrade Counseling and Applications and provide legal representation before the Discharge Review Board. We average approximately (20) twenty clients per month.

IV. Emergency services

We provide emergency food, housing assistance, emergency transportation to an average of (22) twenty-two clients per month.

V. Information and referral

We provide co-ordinations with Community Services on a referral basis, averaging (29) twenty-nine clients per month.

PSYCHOLOGICAL COUNSELING PROGRAM

The Psychological Counseling Program of Flower of the Dragon, in the past three years, has contacted, interviewed, and counseled a significant number of Vietnam veterans who have had positive transitions. This program is designed to extend these individual successes to large numbers of Vietnam War veterans.

This program draws from a multitude of approaches and therapeutic perspectives. A many-phased approach is recognized as often the most practical and effective means of assisting the diverse issues of the people taking advantage of such a program.

[Oct. 1, 1978 to Mar. 31, 1980 (18 mo.)]

	Number	Percent of clients seen
Clients seen	472	
Sessions	1,092	100
Combat vets	317	67
Vietnam era vets	79	17
Other vets	17	4
Vet dependents	44	9
Nonvets	15	
Caucasian	350	74
Minority	112	26
Male	390	
Female	82	
Additional contacts	504	(1)

[1] Phone, info. percent referral, advocacy.

Note: Majority of presenting circumstances: Combat related, marital and relationship dysfunction, depression, Alcohol and drug problems. Total contacts: 976. 8,892 Vietnam vets in Sonoma County—11 percent of vets in contact with Flower of the Dragon. 1/5 of 8,892 are combat vets, i.e., 1778; of those, 821 or 46 percent were seen at Flower of the Dragon.

Our only advertising for our counseling services is through word of mouth due to our financial limitations.

CONCLUSION

Common emotions that surround the readjustment problems of the Vietnam veteran are abandonment, betrayal, repressed guilt, grief and rage. The problems of the Vietnam veteran are not only overlooked by progressive American culture, the veteran too sidesteps many of the unresolved issues. Many Vietnam War veterans, as people, are not able to prosper, not able to invest themselves in something they believe in. This can be changed. The Vietnam War has wounded a generation. These wounds must not go unrecognized. The psychological war that continues within the Vietnam veteran lacks the same recognition that the Vietnam "conflict" lacked during much of its' early history.

STATEMENT OF TIM HODENFIELD, FLOWER OF THE DRAGON, INC.

Mr. HODENFIELD. Thank you, Mr. Chairman. I would like to thank the committee for allowing me the opportunity to speak. I hope that you can take back the word that you heard here today to your colleagues and I hope they listen.

I am here today to testify to the strength and the healing power of the Vietnam veteran and the many community-based organizations in the Bay Area who operate on the simple but highly effective philosophy of veterans helping veterans to help themselves.

I think the single most powerful instrument for assisting Vietnam veterans lies within the individual veteran himself and self-help organizations such as Swords to Plowshares, Black Veterans Association, GI Forum, Flower of the Dragon, and some of the others that you have heard today.

The Vietnam war lives on as an internal war, a battle against psychological and physical pain. Combat-related stress disorders as symptoms of unresolved conflict are clinical indicators of the deeper,

unofficial war that still rages in the hearts and minds of the Vietnam veteran.

The psychological war carries subtle overtones that resemble the actual war that took place in Vietnam. This war is being waged against an enemy that uses many similar tactics to those used in Vietnam. The enemy that continues to haunt the Vietnam combat veteran is more difficult to fight. It changes form, intrudes without warning, and often flares up out of dreams and stressful situations. This enemy is pain. Pain in all its many forms and disguises may be said to be the phantom enemy with which Vietnam veterans must contend.

More Vietnam veterans have died from suicides and accidents since returning to the United States than those that died in Vietnam, according to VA statistics. And the war still goes on. Painful wounds, both physical and psychological, remain perpetually open for hundreds of thousands of Vietnam war veterans.

And time is running out for the Vietnam veteran, as Frank Jones has pointed out. Current Department of Labor regulations bureaucratically define the veteran out of the CETA significant segment upon his 31st birthday, regardless of whether or not the war-related and readjustment problems have been effectively addressed. And the average of the Vietnam veteran is today about 33–34 years old.

Employment prospects in the early 1980's look dim for Vietnam veterans. Nationally, there are more than half a million veterans of the Vietnam era looking for work. And last year in Sonoma County, local and State employment offices reported that more than 1,000 Vietnam era veterans applied for assistance in looking for work. Only 73 were placed subsequently in jobs.

Flower of the Dragon, through the assistance of local CETA, was able to place about 230 veterans into jobs, including about 96 OJT opportunities through the HIRE II and the title I program.

The obstacles that veterans face will be impacted by dwindling public awareness and support, the national economic climate, placement into band-aid jobs, and attitudinal and self-image problems.

The central barriers to employment have yet to be corrected in any substantial way. Studies by John P. Wilson and others have clearly indicated the major factors that prevent the veterans from utilizing available services: an experience of rejection and a feeling of exploitation by societal institutions; dramatic loss of trust and faith in institutions.

Barriers of this nature can best be overcome and reduced through storefront-style employment counseling and outreach services. Increased emphasis should be placed on front-end services of vocational counseling and career identification to provide a container and a vehicle for the veterans to make some changes, to take time away from the hustle of job hunting to focus in on himself.

The CBO's insight and experience with social issues and problems of Vietnam veterans allow those agencies to bridge communication gaps that often seem insurmountable to traditional agencies and institutions.

The CBO can act as a link from the veteran to those governmental agencies. The Flower of the Dragon has been fortunate in Sonoma County to have the active support of local CETA for the last 5 years. Indeed, CETA came to Flower of the Dragon to ask our assistance in

reaching the Vietnam veteran because they were not going to CETA stores.

Although approximately 30 percent of all people on parole and 25 percent of the incarcerated persons in Sonoma County are Vietnam veterans, we only have one position funded through the National Council of Churches to work with incarcerated veterans.

We get about 22 claims a month in dealing with Agent Orange There's about 20 discharge upgrades that come into our office a month.

The psychological counseling program of Flower s primarily on a volunteer basis with two paid positions right now, again thanks to CETA. In the past 3 years, it has contacted and nterviewed and counseled a significant number of Vietnam veterans. We have seen about 500—317 were combat veterans

Common emotions that surround the readjustment problems of the Vietnam veteran are abandonmen', betrayal, repressed guilt, grief, and rage. The problems of the Vietnam veteran are not only overlooked by progressive American culture, the veteran too sometimes sidesteps many of the unresolved issues. Many Vietnam war veterans as people are not able to prosper, not able to invest themselves in something they believe in. These wounds must not go unrecognized. The psychological war that continues within the Vietnam veteran lacks the same recognition that the Vietnam conflict lacked during much of its early history.

That's all I would l'ke to say right now. I would like to respond to questions.

Chairman EDWARDS. Thank you very much, Mr. Hodenfield. And thanks to all of the members of the panel for very excellent statements.

The gentleman from California.

Mr. DELLUMS. Thank you very much, Mr. Chairman.

First, I would like to address my comment to the allegations raised by the California Veterans Coalition. As I understand your testimony, you are challenging the State of California and the city of Oakland as being in noncompliance with the affirmative action requirements of the Department of Labor' federally funded manpower programs.

Mr. WARD. Yes.

Mr. DELLUMS. Now, Mr. Chairman, since these hearings are an effort to look at the broad questions that apply to the Vietnam era veteran, I would like to personally take responsibility for dealing with this particular allegation.

I think that it is serious and we ought to get a determination one way or the other. So, we will take it upon ourselves, as a congressional office, to officially request from the regional Department of Labor a determination as to whether the State of California and the city of Oakland are in compliance with the affirmative action requirements of the Department of Labor as required of all federally funded programs.

In the event that the regional office response is that these two entities are not in compliance, we would then ask, part B, that the Department of Labor develop appropriate strategies to bring these two jurisdictions into compliance.

Chairman EDWARDS. I think that is entirely appropriate, and you can be assured of the assistance of my office.

Mr. DELLUMS. I appreciate that, Mr. Chairman.

Now, Mr. Jones, in your testimony—Mr. Jones in his testimony laid out a number of very significant problems with respect to (a) cut-

backs in the CETA program and (b) in implementation of affirmative action regulations with respect to the CETA programs that are presently being funded.

Ms. Ramsay, is that your same experience?

Ms. RAMSAY. That's right.

Mr. DELLUMS. Are all of you having the same experience with respect to CETA programs, that the Vietnam era veterans are not receiving——

Mr. HODENFIELD. I just want to say that Sonoma County is not the norm. Based on my experience in talking with other community-based organizations at national symposiums, there has been a tremendous amount of resistance on the part of prime sponsors to fund community-based organizations to provide veteran services.

Mr. DELLUMS. Thank you.

Mr. Jones, you were here when the previous panel was testifying. What is your organization's perception of the effectiveness of the Veterans Outreach Centers?

Mr. JONES. Well, we've been trying desperately to get some sort of assessment. We know that they've just started up.

We're taking into consideration that they've just started up. However, I do realize that there is a mechanism that is set up that seems to be more referral than it is service.

I consider that a serious problem, a serious defect. Because we've seen in Swords that when we refer a vet from situs A to situs B which is away from the facility, there is a 50 percent failure rate to actually make it to the referral agency. So, that's a serious problem.

The problem of perception, I think, was interestingly discussed by the panel, how the veteran perceives them. I was talking with Tomas and his perception—his comments on the perception were different. I think they were different because he's located within a CBVO, GI Forum. He is housed there.

The other Vet Outreach Centers are not. And I think indeed you do have the real perception because even in our shop we get queried often on our source of funding, who are we.

If a CBVO that's been around as long as Swords has been around is still queried on that, certainly an upstart agency, outreach agency, such as the Vet Centers will indeed have that suspicion associated with it. And that is in fact and indeed a barrier to actually developing, as Elaine Alvarez has said, the relationship that is necessary in order to provide services.

Mr. DELLUMS. Thank you very much

Ms. Ramsay, what do you perceive as the most important concerns as expressed by the Vietnam era veteran?

Ms. RAMSAY. Bascially, from our experience, when people come in our office the first thing they say they want are jobs. A lot of them aren't ready for it. So then we have to define what are their basic needs—and they need a lot of support services, particularly in our area, emergency shelter, food, clothing. They need bus fare to go on job interviews, the basic structure to get where they can even begin to look for work. They also need training desperately.

Mr. DELLUMS. Mr. McCormick, you heard the VA employees share with us their thoughts with respect to the profile of the Vietnam era veteran. What do you perceive to be the profile of the Vietnam era veteran that you have worked with?

Mr. McCORMICK. Well, I perceive the profile of the Vietnam veteran to be one of being disorganized, encountering a great many psychological and sociological readjustment difficulties.

I would have to differ with the lady's testimony about priorities. I think our first priority is health. A man can't go to school, go through training, or hold a job if his health is in an inadequate position.

I think the most pressing issue along these lines is the Agent Orange problem. The Veterans' Administration has consistently refused to deal with the Agent Orange problem.

I see a couple of physicians in the audience today from the Veterans' Administration hospitals who I've talked with personally who consistently deny that there is any link at all between the Agent Orange poisoning and any type of ill health or negative health impact.

I think this should be addressed first, as well as the other psychological and other medical health problems. Then I think it's important to get the veterans employed and back into a training and upper mobility and educational type of situation.

Mr. DELLUMS. Since you have raised the issue of Agent Orange and you are already on your feet, I would like to follow up on that issue.

From your vantage point, what are the veterans' perceptions of the effects of Agent Orange? What specific information supports your position? And then, finally, how does that differ with how the VA perceives the issue of Agent Orange?

Mr. McCORMICK. I think the veterans' perception of Agent Orange is one of being betrayed by our own Government. In other words, we were not informed of all the rules when we went into combat.

We went into combat expecting to fight for our country. Many of us did. I was awarded the Silver Star medal when I was 18 years old. I fought very hard. I fought a war. I expected to die in battle, if it came to that.

What I did not expect was to be poisoned by my own Air Force by an unknown chemical that years later would cause health problems for me and for my comrades.

As far as—I'm sorry, I forgot the question.

Mr. DELLUMS. Yes; I was saying what specific information do you have that supports your position? And how does the veteran's perception of the Agent Orange problem differ from the VA?

Mr. McCORMICK. I have an article from San Francisco that appeared in the Chronicle, I believe, on Saturday and the headline is "Agent Orange is Linked to Cancer."

"Agent Orange, a defoliant sprayed near some GI's in Vietnam, probably causes cancer in humans." And what it says is that five studies, international studies from Sweden and Germany, are now bringing to bear a great deal of evidence that 2,4–D and 2,4,5–T and dioxin are linked to cancer, birth defects, miscarriages and this type of thing.

So, we are getting a lot more evidence now internationally to back up our claims. For many years we're gone to the Veterans' Administration and complained about nervous system problems and now there are a lot of cancers and this type of thing, and the VA of course is saying there is no link.

And we are saying, and we testified very strongly, that there is a link. And the international testimony now—the international evidence I think is coming together to support that.

Mr. DELLUMS. Again, for the record, would you reiterate what you perceive to be the Veterans' Administration's view of Agent Orange and their responsibility to veterans' exposed to Agent Orange?

Mr. MCCORMICK. The Veterans' Administration has told us—and I see one of the good doctors in the audience—has told us that they were doing all they could on a cost-effective basis to look into the Agent Orange problem.

Now, I would like for the doctors to go out there and tell the mothers of all these Vietnam veterans who went to war that their sons are now being treated on a cost-effective basis for diseases and injuries that were incurred in war. I mean, what's the price tag?

And when the Vietnam veteran is told that, of course it is clearly outrageous. Their reaction or immediate response is to pick up a rifle and go there and show the dudes just how they feel about that. And we counsel a lot of veterans and try to keep them from doing exactly that.

Mr. DELLUMS. Mr. Chairman, I would like to request unanimous consent that the article, referred to by the gentleman, become part of the record.

Chairman EDWARDS. Without objection it is so ordered.

[Article follows:]

[From the San Francisco Chronicle, Apr. 5, 1980]

FIVE STUDIES—AGENT ORANGE IS LINKED TO CANCER

Washington

Agent Orange, a defoliant sprayed near some GIs in Vietnam, probably causes cancer in humans, according to five studies released yesterday on Capitol Hill.

Representatives Thomas Daschle, D-S.D. and David Bonior, D-Mich., said the studies directly contradict statements by the Veterans Administration that there is no evidence linking the chemical with cancer in humans.

Agent Orange was sprayed over heavy vegetation in Vietnam during the 1960s to make it difficult for North Vietnamese and Viet Cong soldiers and supplies to move freely through the jungle.

Agent Orange is a mixture of the herbicides 2,4-D and 2,4,5-T and contains dioxin, one of the deadliest chemicals known.

In recent years, increasing numbers of veterans have made disability claims against the government, contending that various medical problems, including birth defects, cancer and diseases of the nervous system, resulted from their exposure to Agent Orange in Vietnam.

So far, the VA has declined to concede a direct link between the herbicide spraying and diseases contracted by Vietnam veterans.

In a letter to VA Administrator Max Cleland, Daschle and Bonior said the agency's policy "may have been influenced as much by concern over culpability and its litigation implications as by the needs of Vietnam veterans."

Cleland testified before a House Veterans Affairs Committee that there have been no studies demonstrating that humans contract cancer from the components of Agent Orange.

He conceded that some studies on animals show a connection, however.

The two House members said the research studies they released yesterday have been available to the VA for several months.

VA spokesman Bill Sawchak said Cleland would have no comment on whether the five studies—four from Sweden and one from West Germany—were valid.

But he did say that if it is true—as Daschle and Bonior claim—that the Environmental Protection Agency had the studies in hand, "then we knew about it, too."

The studies examined cases where workers were exposed to the contents of Agent Orange—used to clear brush on European farmland and along railroad track—and found a higher incidence of cancer than among the general population.

One Swedish university study concluded there is "an increased risk" for cancer, especially stomach cancer, among persons exposed to phenoxyacetic acid, a major component of Agent Orange.

Another group of researchers wrote that exposure to the herbicide "constitutes a risk factor for the incidence of malignant lymphoma"—tumor of the lymph system.

Tom Martin, an aide to Bonior, said Bonior believes the VA may be reluctant to admit that spraying Agent Orange in Vietnam causes serious disease, because to do so would open the government to claims not only by American GIs, but also by Vietnamese citizens, by Australians who fought in Vietnam and by Americans who may have been exposed to the same herbicide sprayed in Western states during the 1950s and early 1960s.

Mr. DELLUMS. Mr. Parker, what recommendations do you have that suggest a solution to your concerns about Agent Orange?

Mr. PARKER. Congressman Dellums, I think—as this young man stated about the cost-effectiveness—I think while this man is being diagnosed or whatever it is, he should be receiving some kind of pension or something so that he can sustain himself.

Mr. DELLUMS. So you are in agreement with the testimony of Mr. Jones who said that this should be a service-connected disability?

Mr. PARKER. Yes, wholeheartedly.

Mr. DELLUMS. Mr. Chairman, I have no more questions at this particular time. I yield back the balance of my time.

Chairman EDWARDS. Thank you. I don't think we are going to resolve the Agent Orange controversy quickly because there is strong disagreement between different parts of our population on the subject.

I think we will agree that it must be pursued, that we must find out all about the connection, and some people doubt that there is a connection between the illnesses suffered by some Vietnam veterans and Agent Orange.

However, I should point out that the Veterans' Affairs Committee has been following closely the work of the Veterans' Administration, the General Accounting Office, the Center for Disease Control in Atlanta, the Environmental Protection Agency and other agencies who have studies underway.

As a matter of fact, the Congress passed a law, Public Law 96–151, on December 20, 1979, and demanded that the VA order a study of any long-term health effects of exposure.

So, certainly we can't and won't drop the ball. We have to pursue it. But it still is difficult to reach any conclusions without long-term analysis.

Mr. MCCORMICK. Well, sir, I believe there is definitely a conflict of interest in allowing the Veterans' Administration to conduct any kind of studies at all, because if we do find that the evidence does show that exposure to Agent Orange does cause cancer, then the Veterans' Administration is going to have to pay out millions and millions of dollars in compensation as well as answer—the Federal Government is going to have to answer to a lot of lawsuits.

Chairman EDWARDS. Well, I agree, and I think that does have to be resolved.

Mr. MCCORMICK. So the answer might possibly be, find some independent research agency not affiliated with the Federal Government to conduct that research.

Chairman EDWARDS. And wouldn't you also suggest a careful investigation be made in Vietnam?

Mr. MCCORMICK. Yes, sir.

Chairman EDWARDS. I think that is important because there is a Vietnamese doctor there who has written a long report on the subject. Have any of the witnesses seen that?

Mr. WYSINGELE. We met with him at University of California at Berkeley almost year ago, and he had a film showing documented proof that it caused cancer, birth defects. A Dr. Lang Hang?

Mr. MCCORMICK. He was a Vietnamese physician.

Chairman EDWARDS. Yes; we will make efforts to get that.

Mr. JONES. Mr. Chairman?

Chairman EDWARDS. Yes.

Mr. JONES. I have serious problems with the concept of delayed studies and studies, and while the studies are being conducted Rome is burning, troops are dying. I have problems with that because studies have been done. There are sufficient studies to at least cause the Veterans' Administration to concern itself with more than a thorough physical examination. I think that the vet needs to be given treatment now. He needs to be cared for now.

Dow Chemical has had various explosions, et cetera, with Agent Orange and they have seen direct consequences of that, the type of consequences that we are talking about.

And when we start prolonging it with another study—Senator Cranston said we're going to have a 2-year study. Max Cleland said we'll have a 5-year study. And while we're studying, something has to be done now.

Studies are good, yes. But action is needed now. And that is the serious problem, that we are seeing no action while they're studying.

The whole psychology of the continuous study is that by the time we've studied it the problem will have dissolved itself. Well, maybe it will. Maybe we will all have died by then. But that's not a proper resolution of the problem.

Chairman EDWARDS. I agree, Mr. Jones.

I have a question for any of the witnesses who would like to answer. I am a Vietnam veteran who has just come to town. What kind of services can I expect from any of your organizations?

Mr. PARKER. Mr. Chairman, if you came to the Black Veterans Association, we basically deal with the food, clothing, and shelter, the immediate needs of a man before he can do anything. We try to get him medical aid, get him through the VA, taking him through the process.

What I want to state in the record—I want to get the record straight about a statement that was made here.

Black Veterans Association, Inc., serves all veterans. We are not restricted to Elmhurst district. We serve veterans if you came from Timbuktu. And it's not a contract with the city of Oakland. There's a $281,000 CETA title VI program which is going to run out in 30—about 45 days. That's why I've got these on the table. What is going to happen to these veterans here that we're processing now?

And they're bringing in a program in Oakland and paying out $120,000 for the next 2 years that is not going to give direct service to any veteran; $99,000 is n salaries and fringe benefits.

And here's an ongoing program. Even to these new programs they're bringing into Oakland, the politics is getting in the game. There was the Black Veterans Association out there with the facility. No; they had to go get another facility, pay all of that money, and here's an ongoing organization.

I run a quarter-of-a-million dollar program with no salary, never have received a salary in 5 years, dealing with Vietnam era veterans.

You see what I mean? And here's a new program coming in. Some guy—not necessarily a veteran—has to have a BA, he's going to make $20,400 and assistant—$18,200 executive secretary, this kind of stuff. And I've got one CETA worker working on that, one CETA worker.

Chairman EDWARDS. Well, let me ask you this. Under the new austerity program, with great portions of which Mr. Dellums and I disagree with the administration about, CETA funding may be severely reduced or possibly even eliminated. What impact is that going to have on your organizations?

Mr. JONES. Mr. Chairman, it's going to impact—from our understanding thus far, we're talking about title VI and title II–D. What you're saying is quite new to me. You're there and I'm not.

Of course, that would be devastating to most community-based organizations such as ours. We had a program for that vet who comes into the city.

You ask what services can he receive? We had a program funded under the title VI program of CETA which would take that veteran new to the city, take him down with a voucher system—if he needed clothing, it would clothe him—Not fancy, just clothing. If he needed a place to stay it would place him. If he needed food, it would feed him. That was the program we had.

But due to the extreme fighting—the extreme politics and the extreme cutback of the CETA on the veterans' service the program was discontinued. San Francisco for instance, where our situs is, last year planned for a 10-percent cutback on funding of all programs based upon the indications from Washington that there would be a 10-percent cutback.

However, when it came to veterans services—Swords to Plowshares—they planned on a 40-percent cutback because they saw we have no political power. The fight was unbelievable to get more money. We got more money. We had to play politics.

Yet the CETA regulations are clear. Now, we don't have the program for that incoming vet to clothe him. But if you were coming and you were living with your parents, and your discharge was bad, you had no VA benefits. You wanted to get in school, you wanted to get a job, or if you had a friend who was in jail, we provide all of those services presently.

Our service—our rate of discharge upgraded is one of the highest in the Nation. We have the most technical staff, the most proficient staff. I don't have a problem with paying high salaries. I think that's where we have done a disservice to ourselves too long. But I feel that vets need the best type of service that is available. We are certainly not going to get the most proficient, most efficient, most economical services possible by paying $10,000 a year. That just simply won't do it.

We have a discharge upgrade unit that is nationally recognized. We are the only Vietnam era veterans organization on the west coast—and there are only two in the Nation—that have received VA certification.

Now that doesn't mean that the VA is our friend. We had to fight in court for that, and the VA respects us today for that. We can represent a veteran before the VA.

The people whom we are sending to the VA to represent you, that new coming-in veteran, are people who are third-year law students and lawyers themselves. Now, of course, we can't get that unless we are paying sufficient money. Yet the people—the vets—deserve that.

The VA has a policy which says that a lawyer cannot come before them unless he's receiving $10 commission for that client. And if you are not certified, you can go before the VA to represent a veteran only once, then you have to send someone else. At some point, you are going to exhaust the number of people.

So, we have those services. Those services have been provided because of the CETA funding, because of the language in CETA which says veterans' services, increase participation of veterans in the CETA system.

Now, if CETA is devastated, so will many veterans' programs be devastated. CVO's are the most effective way of addressing that veteran who needs the service most. He is not going to readily go to the VA, if he's going to go at all. He is not readily going to go to the VA centers, if he goes at all.

The greatest advertisement we have is word of mouth. Very seldom will you hear "Swords" named on the radio. But word of mouth will bring them in. They trust us. We've been here for some time.

Now, if we're not there, that poses a serious problem.

Mr. HODENFIELD. I'd like to just add one comment to Mr. Jones's remarks. And that is that community-based organizations are not exempt from that spirit of distrust that veterans have for institutions. We are an institution, and we have to prove our worth and our value to the veterans. I think, though, that by being a community-based organization, by being veterans, by being there, that we're able to identify with the problems and to assist them with the problems.

Mr. MCCORMICK. Mr. Chairman, as far as the California Veterans Coalition is concerned and CETA funds, of course if CETA funds are cut off, it won't affect us because we're not operating with any funds now.

But I think what we could still do, we could still continue to help the Vietnam combat veterans as we have in the past. And that is, to get the word out and get the publicity out, continue the struggle, go to the city council, go to Congressman Dellums' office, go to Senator Cranston, tell them that these veterans are out there on the street, they're in trouble, they're committing crimes, and they need help.

Ms. RAMSAY. I'd like to really concur that most CBVO's delivering services to veterans are CETA funded. Thus, if those funds are away, most of them are going to go down the tubes.

I think one thing that might help is that, since everybody does comprehend that the VA does not provide effective human services, those things that they are not doing as effectively as they can or should which the CBVO's can do, they should be able to subcontract out for those services to the CBVO's to reach that veteran and to provide the necessary services.

And I don't think that Congress should appropriate more moneys to VA to provide for those services. It should again be available through some other Federal agency, such as DOL or HEW.

Chairman EDWARDS. You said that, generally, you don't have to

refer your clients to someone else, isn't that correct? I think that was one of the modest criticisms we heard of the VA Outreach programs.

Well, do you have inhouse in your organizations expert counselors, people who can really help these people?

Mr. PARKER. Mr. Chairman, I would like to respond. First of all, the definition outreach—and it's not being done, not even with the DVOP program. You're supposed to go into the untraditional places, unorthodox places. It's not being done.

You've got to get that vet that's out there shooting up and drinking wine in the park, in the bar, on the streets. This is what you've got to do, and it's not being done. It's not being done.

We're so damned busy but if this guy doesn't have a BA, an SA and a DA and all of this kind of crap, he's not efficient. We have to deal with guys that come in and says, "Man, I want to go down to city hall and blow it up right now. I'm sick and tired, I've just given up."

Well, if you talk with him on the street level, he is going to understand you rather than talking to a bureaucrat with five or six degrees which don't mean a damned thing. This is what we get in through that academia bag, see.

And I tell you something, Mr. Chairman. If we don't do anything and CETA goes down the drain, Watts is going to look like a prayer meeting. And please believe me, I'm out there every day dealing with these guys. They mean business.

And CETA talking about the youth program going to be cut 50 percent, plus all the vets you've got, you got problems and somebody's got to do something. You got to take the politics and all of this b.s. out of the money coming down.

That's why we asked for an investigation of the millions of dollars that have come into Oakland. And if you're not with this guy or you're not with that guy, you don't get any of those funds, see what I mean? There's got to be an investigation, Hong Kong, USA.

Mr. Dellums is helping, he knows—I've written him about it. All the worrying about millions of dollars that are coming into Oakland, commitments. But what about the jobs, the work force, the vets? Even the Oakland School Board, 5-year plan. Until I got on the board and BVA fought, now we're included in the employment.

These are the kind of things that have to be addressed or we're in big trouble. This——

Mr. WARD. And augmenting what he is saying, if the problems aren't—well, we're going to address them somewhat from this day forward. We have intentions of filing injunctions to stop this money because we've got them in violation and the natural thing to do is to stop the money if they're not going to do the right thing with it.

So, that's our next move, if anybody wants to know what we're going to do about it, how we feel about it.

Mr. MCCORMICK. Also, we have found that really the most effective counsellors for the Vietnam veterans, especially Vietnam combat veterans, are Vietnam veterans. I agree with Jack McCloskey very thoroughly when he says he has several degrees in psychology, however his most effective background comes from being a veteran.

So, it seems to us that the best things to do would be to put a lot of Vietnam veterans to work helping other Vietnam veterans. At the

same time it would eliminate much of your crime problem, especially in large cities like Oakland where much of the crime or a large percent of the crime is being committed by Vietnam combat veterans.

Mr. HODENFIELD. We have a very active psychological counseling program at the Flower of the Dragon, as I indicated in my remarks. Primarily the energy comes from a volunteer. Some of it is credentialed, some people are working on their doctorates and some people are just veterans concerned for other veterans.

There isn't a lot of meney for counseling in CETA funds. State agencies have distrust, just like the Federal Government of CVO's. Flower of the Dragon is hoping to put together a pain/stress study for long-and short-term psychological counseling.

Chairman EDWARDS. The information furnished by these witnesses is going to be very, very helpful. They are articulate and intense and important witnesses, Mr. Dellums. And in some of the areas I think we might be able to be of some assistance rather quickly, especially these delays in upgrading discharges.

Mr. HODENFIELD. Two years minimum.

Chairman EDWARDS. It is just totally unacceptable, and we are certainly going to carry the message back.

Mr. WYSINGELE. I'd like to say that I ran into a lot of problems in dealing with these veterans at the VA in adjudication of findings. They created more problems than they solved.

They have an old-line veteran sitting there and they tried to get some papers straightened out. It took 6 to 8 months when it should have taken 60 days. The pay run will be all messed up.

They took Pruitt's money for 5 months for no reason. I showed him the law, and he wasn't cut off. Eight years ago something happened, and finally I told him you keep records, because he went on television, and told them about Agent Orange. And I showed him the law and scared him with it.

The old-line veteran, who needs them. What we need is some Vietnam veterans in these positions. Because they kept my check for 3 months, and every month I got a different written version of it.

Chairman EDWARDS. Mr. Dellums?

Mr. DELLUMS. Thank you, Mr. Chairman.

I would like to thank all of the witnesses before us now and the witnesses who made up the prior panel, and most importantly I would like to thank you, Mr. Chairman, for coming into our community, bringing these official hearings into our community, and providing an opportunity for us to make a statement that I think is important and significant, powerful as well as painful.

I would like to also thank your staff and thank all of our staff who helped to put these hearings on. I am deeply appreciative.

I think these kind of hearings serve a number of functions. They serve to pinpoint areas where we can move expeditiously to correct things. There are also long-term issues that have to be resolved through the laborious legislative process. Also, they will help to educate our colleagues to the complex problems confronting Vietnam era veterans, problems that will have to be addressed through substantive legislative action.

I thank all of you who have spoken eloquently to the question of cutbacks in CETA and other human programs.

I think both the President of the United States and the Congress of the United States, at this point, are embarking upon an incredible journey into madness. I think that cutting billions and billions of dollars from programs that would not affect the inflation rate more than 1 or two-tenths of 1 percent, while it affects the lives of millions of human beings, is absolutely criminal.

Certain'y from these hearings we understand how these cutbacks will impact, specifically, on a group of people who served this country. And unfortunately at the point in time when they were perceived as no longer necessary as cannon fodder, this country rejected them.

I appreciate your coming here because it is my hope that these hearings will again say to Congress and to the Nation that the Vietnam-era-veteran is here and that the problems are very real and we have a prime responsibility and obligation to deal with them.

Chairman EDWARDS. I thank you all for your hospitality to me and my staff. The hearings will be printed as soon as possible and available upon request, both from Washington and from Mr. Dellums district office, as well as my own.

Again, thank you.

The hearing is adjourned.

[Whereupon, at 4:35 p.m., the subcommittee was adjourned.]

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